

HEALTH COMMITTEE

**PUBLIC EXPENDITURE ON HEALTH AND  
PERSONAL SOCIAL SERVICES 1998**

Memorandum received from the  
Department of Health  
containing Replies to a  
Written Questionnaire  
from the Committee

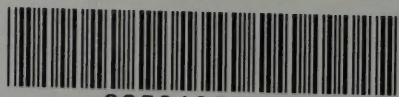
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Public Expenditure on Health and Personal Social Services 1998

Memorandum received from the Department of Health in June 1998 containing  
Replies to a Written Questionnaire sent by the Health Committee

## HEALTH COMMITTEE

1. Questionnaire from the Health Committee to the Department of Health (EX 98/4)

2. Memorandum by the Department of Health

3. Public Expenditure Questionnaire

## PUBLIC EXPENDITURE ON HEALTH AND PERSONAL SOCIAL SERVICES 1998

Memorandum received from the  
Department of Health  
containing Replies to a  
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[NB New material and questions are indicated by **bold type**.]

## 1. INTRODUCTION

### Key Issues and Initiatives:

#### 1.1 *Expenditure*

Would the Department list the special monies set aside since May 1997, together with the purposes for which they are intended and details of how their use for these specific purposes is being audited? Would the Department provide a commentary detailing the impact these allocations have had? Would the Department indicate how such allocations, and in particular those earmarked to reduce waiting lists, are justified in the light of efforts to allocate resources in an equitable manner across England? (p 7)

#### 1.2 *Research and Development*

What redistribution of R&D resources between NHS providers, if any, has resulted from the first bidding round for "R&D support for NHS providers"? (p 10)

#### 1.3 *Resource Accounting and Budgeting*

Could the Department provide a commentary, including its current timetable, on the implementation of Resource Accounting and Budgeting within the wider Department? What will be the cost of implementation? What progress has been made in developing agreed performance measures and valuing fixed assets? Could the Department provide a commentary on the conclusions and recommendations of the report of the House of Commons Procedure Committee (see Second Report from the Procedure Committee, Session 1997–98, Resource Accounting and Budgeting, HC 438), and in particular comment on the accounting issues raised in paras 14–17 and the feasibility of the timetable as discussed in paras 18–25. (p 10)

## 2. NHS AND PSS EXPENDITURE ISSUES

### 2.1 *Overall Expenditure (formerly A1)*

Will the Department provide an updated version of table A1.1 of HC 297 [*Trends in Actual and Planned Expenditure on the Health and Personal Social Services 1993–94 to 1998–99 by Area of Expenditure*], and of the Department's commentary which accompanied it? Can the Department provide a brief commentary, explaining what expenditure is included under each section of the Table? (p 12)

Significant changes between forecast and actual outturn for 1996–97 and between the planned level of spending and forecast outturn for 1997–98 should be identified, by comparing figures in HC 297 with current figures. For each programme the planned level of spending in 1996–97 and actual outturn expenditure should be shown in tabular form.

Please identify differences between the 1998 Departmental Report and the figures in the new table 2.1.1, and explain these differences.

Any commentary which the Department wishes to append would be welcome, including information about efficiency gains and a table showing changes in the HCHS cost-weighted index of activity for the latest 10 years for which figures are available.

What is the Department's assessment of each programme's performance in 1996–97 against plans for that year and anticipated performance in 1997–98 against plans for that year and outturn in 1996–97? (p 12)

Can the Department provide a table showing for each health authority: the planned Purchaser Efficiency Indicator (PEI) for 1997–98 and the latest estimated PEI Outturn for 1997–98. **Could the Department provide a commentary on any progress towards a replacement measure?** (p 12)

### 2.2 *Programme Budgets (formerly A3)*

Can the Department update the information on expenditure on Programme Budgets provided in tables A3.1 of HC 297. (p 24)

### 2.3 *Expenditure on Community Care (formerly A4)*

Can the Department provide a table showing, by service, net expenditure in real terms by central and local government on community care, broken down by residential and non-residential care (taking into account relevant service pay and price increases), over the most recent five year period for which such data are available? Could this data include Social Security and Housing expenditures contributing to Community Care objectives? (p 32)



## 2.4 *Care of Mental Health and Learning Disability Patients (formerly C5)*

2.4a Would the Department update the information provided in HC 297, tables C5.1 to C5.8, on patients under the care of a learning disability or mental illness consultant, discharges by length of stay, ages and destination, and residential and other places available. (p 34)

### 2.4b Would the Department provide a table showing:

- (i) number of people sectioned, by HA;
- (ii) number of people sectioned in proportion to HA population;
- (iii) number of people sectioned in proportion to number of admissions;
- (iv) proportion of people who appeal against being sectioned and the outcomes of the appeals. (p 41)

2.4c Could the Department provide a table showing, over the last four years, the numbers of people with mental health problems and with learning disabilities who have been in special hospitals, prisons and regional secure units? (p 47)

## 2.5 *Payments to voluntary organisations*

How much has the Department allocated to voluntary organisations each year for the past five years? (p 47)

## 3. PUBLIC HEALTH

### 3.1 *"Our Healthier Nation" Green Paper*

3.1a What are the specific public health targets, how will they be monitored and what are the current baselines? How does the Department intend to monitor local target setting and achievement? How will it make information on local targets available to Parliament? (p 49)

3.1b Does the Government intend to estimate the costs to other Departments of implementing the proposals in *Our Healthier Nation*? (p 51)

3.1c Could the Department provide information about former Health of the Nation key areas which have been set as local targets and give the baseline performance figures for the new Health Action Zones? (p 51)

## 4. NHS: RESOURCES AND ACTIVITY

### Resources:

#### 4.1 *HCHS Current Resources (formerly A1)*

Could the Department provide tables showing Health Authority gross expenditure on HCHS by service sector and age group for the latest year for which data are available? (p 53)

#### 4.2 *Capital Resources (formerly A1)*

Could the Department provide a table showing planned capital spending from 1997–98 to 1998–99? (p 54)

#### 4.3 *FHS Current Resources (formerly A1)*

Could the Department provide a table showing gross expenditure on Family Health Services (including spending by GP fundholders on drugs) in 1996–97? What fundholder surpluses have been used for capital development in primary care? Could the Department provide information on the arrangements for the provision and payment of GP premises, including the "notional rent" scheme? (p 54)

#### 4.4 *Inflation (formerly A2)*

Can the Department provide a breakdown of the components of the health specific inflation indices for revenue spending on HCHS and FHS respectively, together with capital spending on HCHS, for 1995–96 and 1996–97, together with estimates for 1997–98? The tables for the HCHS should show separate inflation indices for Review Body staff and non-Review Body staff pay, and whatever other breakdowns of staff are available. (p 57)

#### 4.5 *HCHS HA Allocations and Distance from Targets (formerly B1 and B2)*

Can the Department provide a table showing 1998–99 Distance from Targets (DFT) in cash and percentage terms and the percentage growth increases for each HA? Can the Department include a commentary explaining the key factors that determined those percentage growth increases shown in the table? (p 58)



Can the Department provide a table showing for each health authority allocations for resident populations for 1997–98 (cash) and 1998–99 (cash and at 1997–98 prices)? (p 58)

#### 4.6 *Developments in HCHS Allocations (formerly B3)*

Can the Department update the Committee on recent developments in the allocation of HCHS resources and provide the timetable for any planned changes? (p 62)

#### 4.7 *Steering Group on HCHS Capital—CPAG (formerly B4)*

Can the Department notify the Committee of progress with the current review of the capital allocation system? (p 62)

#### 4.8 *Long-Term Capital Projects and PFI (formerly C4)*

4.8a Would the Department provide a table showing all publicly funded capital projects with a **total cost above £10 million** which are under construction during 1998–99. Could this also show the original and current estimated completion dates **along with a percentage figure for any additional time overrun/saving**. Likewise, the original total cost and current estimated out-turn cost should be provided **along with a percentage cost performance figure**. (p 64)

Would the Department provide a commentary on cases where there are significant discrepancies between original estimates of completion dates and/or expenditures and current estimates? (p 64)

4.8b Would the Department provide details of PFI projects with a capital value of £10 million or over approved since 1992, including their current status. (p 66)

4.8c Could the Department provide tables showing the planned and actual annual contribution to capital from PFI, and the forecast level of investment generated by schemes over £10 million plus an aggregate of those below £10 million, between 1996–97 and 2000–01? (p 67)

4.8d Could the Department provide a table showing the increases to the capital cost of schemes since the last expenditure questionnaire and provide a commentary on changes of more than 10 per cent? (p 72)

4.8e Could the Department provide data on the revenue consequences of schemes which have reached financial close and represent long-term contractual commitment over the next 25 years? Could the Department provide an update of the Departmental Report table showing the source and applications of HCHS capital, giving the out-turn position for 1997–98? (p 72)

4.8f Would the Department provide a breakdown of the net present value calculations upon which decisions about the private finance option are based? Would the Department indicate the sensitivity of these estimates to assumptions on factors such as risk, rate of interest, length of contract? (p 76)

4.8g Where benefits of the PFI option are indicated, for some schemes it appears that like-with-like comparisons are not being made. How is the “comparable” public sector option arrived at? (p 79)

4.8h What information does the Department have about the amount of money raised each year by Leagues of Friends, or similar groups, for capital spend in the NHS? (p 79)

#### 4.9 *FHS Expenditure on Prescribing (formerly D2)*

The Committee would like to receive information on total FHS expenditure on prescribing for each year from 1991–92 to 1997–98, on the average expenditure per capita, on the total number of items prescribed and average number per capita, and the average cost per prescription. The Committee would also like to receive this information, for appropriate years, by non-fundholders and fundholders. Any commentary which the Department would wish to append would be welcome, including an assessment of progress in meeting its stated target of restraining “the growth in the drugs bill to sustainable and affordable limits”? **What information will the Department hold on prescribing expenditure data for Primary Care Groups and Trusts? What level of reserve funds does the Department intend to hold so that where Primary Care Groups and Trusts go over their prescribing budgets their GPs will be able to continue to prescribe drugs to their patients?** (pp 85–86)

#### 4.10 *Allocations to National Specialist Services (formerly B5)*

What was the total allocation in 1996–97 and 1997–98 to each of the supra regional services and what is the planned allocation for 1998–99; and what significant changes have there been in the overall pattern of expenditure? (p 87)



#### 4.11 *Management Costs*

What action is the Department taking to improve the way NHS management costs are measured and what progress is being made to reduce these costs in line with the commitment in "The New NHS" White Paper? Could the Department provide data relating to trends in management costs, including the current expenditure on management costs and the baseline figure which is to be used for future comparisons? How will the proposals in the New NHS White Paper help reduce management costs? Have there been any changes to the definition of management costs? How does the Department define the difference between management and treatment? (p 90)

Activity:

#### 4.12 *Activity Data (formerly C1)*

The Committee would like to receive tables showing activity data by region for 1996-97 and 1997-98, including: total activity, with trends; activity by In, Day-Case and Outpatient; maternity and simple access data (formerly table C1.5). Can the Department provide figures for the ratio of Finished Consultant Episodes (FCEs) to hospital spells by Region for the same period? To what extent do a relatively small number of providers depart from the overall pattern? What value does the Department place on the collection of data on FCEs? (p 92)

#### 4.13 *Average Daily Number of Beds (formerly C3)*

Could the Department provide information on 10 year trends in bed availability and patient throughput for each major hospital sector and for each Trust? Could information on bed occupancy (collected for the first time in 1996-97) and occupancy rates also be included? (p 99)

Could the Department provide figures for the number of delayed discharges of patients from acute settings and a commentary on how these delays are being addressed. (p 99)

#### 4.14 *Maternity Hospital Episode System (formerly C2)*

How many maternities were registered in each NHS region in 1996-97 and how many records in the Maternity Hospital Episode System had (i) maternity tails and (ii) maternity tails containing data? (p 101)

Could the Department also provide tabulations for 1996-97 in the same format as those provided to the Committee for 1989-90, which were published on pages 372-378 of HC29-II and which were subsequently provided for the years 1990-91 to 1995-96? What action is being taken to improve quality and completeness of the data? (p 101)

#### 4.15 *Waiting Lists and Times (formerly D4)*

Could the Department provide information about waiting lists, both distribution by waiting time as well as mean and median average time, on a district of residence basis and on a provider unit basis? Could the Department show graphically changes in mean and median waiting times since March 1988 and include a table of figures? (p 104)

Would the Department provide an update of Tables D4.4? to D4.8? on outpatient waiting times? (p 104)

How many people were removed from waiting lists for day case treatment and for in-patient treatment (a) because of admission for treatment (b) for reasons other than treatment, and how many people were self-deferred in each six-month period since September 1988? Has the Department made any assessment of the extent to which people removed for reasons other than treatment in that hospital had either been admitted, died, treated in another hospital, or no longer required treatment? (p 104)

Can the Department provide charts and figures showing how trends in emergency and non-emergency activity have moved with waiting lists sizes in the 1990s? (p 104)



#### 4.16 *Performance against Key Patient's Charter Standards (formerly D3)*

The Committee would like to receive an updated version of Table D3.1 together with appropriate commentary. (p 114)

### 5. PERSONAL SOCIAL SERVICES

#### 5.1 *Provision through PSS SSAs for year ahead*

Can the Department set out the Standard Spending Assessments (SSAs) for social services in the latest year, by local authority, and SSA sub-block, both in cash and per capita, **and per capita of relevant population**? Can the Department also provide a table comparing the change in the total PSS SSA between the last two years for each local authority? Would the Department describe any changes to the SSA formulae introduced in this year and provide details of any plans the Department has to review PSS SSAs further? (p 127)

#### 5.2 *Comparison of Budgets with SSAs (formerly A5)*

Can the Department provide a table comparing PSS SSAs with the corresponding budget for each local authority for the latest two years for which comparable information is available? Would the Department illustrate how the total of PSS SSAs and budgeted expenditure in PSS have compared at the national level over the latest five years? Would the Department provide a commentary on any trends shown by these figures? (p 127)

#### 5.3 *Variations between authorities in unit costs*

Would the Department set out in a table how the unit costs of the main social services for children and adults have changed over time? Would the Department quantify the degree of variation in these unit costs between authorities? Would the Department provide a commentary on these figures? (p 131)

#### 5.4 *Independent sector provision*

Can the department provide a table showing for each authority the latest information on the proportion of social services for adults which are purchased from the independent sector rather than being provided directly? Could the Department supply a commentary on these figures? (p 137)

#### 5.5 *Care for children*

Could the Department provide a table, by Local Authority, comparing the number of children fostered, with the number of children placed in community homes. (p 141)

#### 5.6 *Variations in service delivery (formerly C6)*

Can the Department provide figures showing how the delivery of non-residential social services has changed over the last five years and comment on these trends? (p 144)

#### 5.7 *PSS demographic pressures (formerly B7/A2)*

Can the Department provide details of the specific inflation index calculated for social services, and an assessment of the financial effect of demographic pressures on social services. (p 146)

#### 5.8 *PSS Programme Budgets (formerly A3.2/A3.4)*

Can the Department provide a breakdown by client group of gross expenditure for the latest available two years on the main items of social services activity. Can the Department also update table A3.5 of last year's response? (p 146)

#### 5.9 *Capital spending on social services*

5.9a Can the Department provide figures on the acquisition, upgrade and sale of personal social services assets, for the years 1993–94 to 1997–98? (p 149)

5.9b Can the Department comment on the outcome for personal social services of the Capital Challenge Pilot Fund scheme? (p 149)

5.9c What are the Department's criteria for supporting PFI projects in personal social services? (p 149)

5.9d Can the Department comment on the use of PFI to date? (p 149)

#### 5.10 *Changes to PSS Statistical Information*

Can the Department provide details of any forthcoming changes to statistical information the Department collects on personal social services? (p 150)

#### 5.11 *Research on outcomes and effectiveness of social care*

Can the Department provide details of any research work currently being sponsored by the Department on the outcomes and effectiveness of social care? (p 151)

#### 5.12 *Fees and Charges (formerly A6)*

Can the Department update table A6.1 of HC 297 providing separate figures on residential care for each client group? Would the Department quantify the degree of variation in domiciliary charges between authorities. Would the Department provide a commentary? (p 153)

**Will the Department provide an analysis, to include chart, tables and commentary, of (i) the recent national trend in the percentage of gross expenditure on residential accommodation for older people recouped through fees and charges and (ii) the recent national trend in the percentage of gross expenditure on home care/home help for all client groups recouped through fees and charges. (p 153)**

**Will the Department provide an analysis, to include chart, tables and commentary of (i) the local authority variations in the latest year in the percentage of gross expenditure on residential accommodation for older people recouped through fees and charges and (ii) the local authority variations in the latest year in the percentage of gross expenditure on home care/home help for all client groups recouped through fees and charges. (p 153)**

#### 5.13 *Volume, Purpose and Monitoring of Grants (formerly B6)*

Can the Department provide the Committee with details of the volume of specific or special grants made available by the Department of Health to social services departments for the years 1994–95 to 1998–99? Can the Department provide a full explanation of any changes, introduced this year, to the volume, the purpose or the monitoring arrangements for any of the grants? (p 161)



## MEMORANDUM

### Memorandum by the Department of Health

#### PUBLIC EXPENDITURE QUESTIONNAIRE 1998

[N.B. New material and questions are indicated in **bold type**.  
Other question numbers are as last years questionnaire.]

#### 1. KEY ISSUES AND INITIATIVES

##### 1.1 Expenditure

*Would the Department list the special monies set aside since May 1997, together with the purposes for which they are intended and details of how their use for these specific purposes is being audited? Would the Department provide a commentary detailing the impact these allocations have had? Would the Department indicate how such allocations and in particular those earmarked to reduce waiting lists, are justified in the light of efforts to allocate resources in an equitable manner across England.*

1. This response covers the two areas where additional funds have been made available to the NHS ("winter pressures" and waiting lists), and use of additional funds for breast cancer services and paediatric intensive care found from redeploying existing resources.

##### Breast Cancer Services

###### *Amount and Purpose*

2. £10 million has been made available recurrently to be used specifically for breast cancer services. Resources were made available through Regional Offices on an indicative weighted capitation basis to reflect the 35—80 female population. Health authorities and trusts were asked to work up proposals focusing on initiatives which supported rapid access to high quality diagnostic services and the provision of high quality care by multi-disciplinary site-specialised teams.

###### *Monitoring and Audit*

3. Health authorities are monitoring achievement of the projects. Interim reports were submitted in January 1998 which showed that spending plans were in line with projected expenditure. Health Authorities will be submitting comprehensive reports 12 months after the funding was received (Autumn 1998) which will report on the improvements made in the services provided and allow a tangible measure of progress to be made.

###### *Impact*

4. £10 million was available in the first year to fund a mixture of non-recurrent and recurrent projects with £10 million available recurrently for subsequent years. This is being used to support over 300 initiatives around the country to improve the speed of access to diagnosis and high quality treatment of breast cancer. Specific projects include increasing the number of breast specialists—surgeons, oncologist, pathologists, radiologists; breast care nurses or clinic managers; establishing or developing "one stop" triple assessment clinics; providing local chemotherapy services; developing audit procedures; investing in additional equipment such as mammography sets or ultra sound machines; reducing waiting times by investing in increased surgical, oncological, radiotherapy sessions; or improving links with primary, palliative and hospice care to improve referral and discharge arrangements. In particular, funding has been used in many cases to establish or improve "one stop" services for breast abnormalities. This allows women to receive a number of tests on the same day from which a diagnosis can be made. Establishment of this "one stop" service will reduce waiting times and will help achievement of the White Paper cancer target for breast cancer (April 1999).

##### Paediatric Intensive Care

###### *Amount and Purpose*

5. £5 million was made available in 1997–98 and £10 million in 1998–99 to support implementation of the report of the National Co-ordinating Group for PIC "*Paediatric Intensive Care: A Framework for the Future*" and the associated report on nursing standards and qualifications "*A Bridge to the Future*". This funding was allocated to Regional Offices in line with health authority (HA) initial general allocations.

6. The priorities for funding are to:

- build up the capacity and capability of “lead” PIC centres;
- provide for safe 24 hour retrieval services;
- increase the number of medical and nursing staff within lead centres trained in specialist PIC skills (eg ENB 415 for nurses); and staff in general hospitals skilled in stabilising critically ill children prior to transfer.

*Monitoring and Audit*

7. Funds were allocated to Health Authorities through the regional co-ordinators of paediatric intensive care. Applications were scrutinised by the regional coordinator and officials responsible for paediatric intensive care policy, with Ministers giving their approval of the spending plans. Monitoring the use of the funding is the job of the regional co-ordinators of PIC who report back on a regular basis on the progress made. Reports on expenditure in 1997–98 have been received and the bidding process for 1998–99 is under way.

*Impact*

8. The full implementation of the recommendations of the paediatric intensive care reports will take a number of years. However, early indications are encouraging. A questionnaire issued earlier this year on nurse staffing shows welcome increases in qualified staff and feed back from the regions indicate that they are making good progress to fully implementing the recommendations of the reports.

**“Winter Pressures” Funding**

*Amount and Purpose*

9. An additional £300 million was made available for the NHS in winter 1997–98, of which £269 million was for the NHS in England. The bulk of this (£159 million) was allocated to health authorities, with the remainder being used for Family Health Services and other measures. Resources were allocated through Regional Offices in line with shares of 1997–98 Health Authority initial general allocations.

10. The purposes of the additional £159 million were:

- (i) to ease the pressures on the health and social care system during the winter period, in particular to
  - help hospitals cope with medical emergencies which are already known or likely to occur during the winter months, for example by improving staffing levels at times of peak pressure and through services opening extra hours;
  - reduce delays in discharging patients, for example by improving rehabilitation and recuperation services, funding increased care at home, extra nursing and residential home places and more social services support;
  - reduce the need for people to be admitted to hospital in the first place by strengthening primary, community and social services, providing more specialist nursing and therapy for people—particularly older people—in their own homes, nursing and residential homes, and through improved community and out of hours services.
- (ii) as resources allowed, to restrain the growth in waiting times and waiting lists.

*Monitoring and Audit*

11. NHS Executive Regional Offices are responsible for monitoring performance. Health Authorities were asked to report on performance against plans, giving details of the schemes funded, by 30 April 1998. Regional Offices have prepared summary reports for the NHS Executive and information on any particular lessons learnt will be disseminated.

*Impact*

12. The £159 million allocated to Health Authorities in England funded almost 1,500 schemes. Over one fifth (some £35 million) was transferred to Social Services Departments under Section 28A of the 1977 NHS Act for those projects where the identified service need was specifically for social care.

13. Examples of innovative schemes include:

- Bury Health Care NHS Trust appointed an Anti-Coagulant nurse specialist at a cost of £18,000 for the management of patients with deep vein thrombosis (DVT). Patients attending A&E with DVT were examined by the nurse and in many cases were able to be treated as an out-patient and



maintained in the community rather than admitted to hospital. It is estimated that the scheme saved some 140 in-patient bed days.

In Doncaster ten beds were assigned in order to speed up the discharge process for patients who were approaching the end of an acute episode. Seven additional nurses and two Senior House Officers were assigned to the project. 70 patients were assessed during the project period and all were discharged to their own homes.

In Sandwell the additional funds enabled a fifth intensive care bed to be opened and at times of pressure the unit was able to open a sixth bed. In previous years Sandwell had transferred out more patients than it took in from other hospitals. This year however the trend was reversed.

## **Waiting Lists**

### *Amount and Purpose*

14. The March 1998 Budget made an extra £417 million available to the NHS in England in 1998–99 for measures to reduce waiting lists (£500 million for the UK). £320 million will be spent directly on cutting waiting lists. £288 million was allocated to health authorities at the end of April 1998 in line with their 1998–99 initial general allocations. £32 million will be allocated later in the year to promote innovation, to reward good performance and to tackle poor performance.

15. £65 million will be used to support “whole systems” action to achieve sustained reductions in waiting lists through building on the success of new ways of working pioneered during the winter and through targeted investment in primary, community, mental health and social services. The money has been apportioned between the eight regional offices in line with their HAs’ 1998–99 initial general allocations. Regional offices will be responsible for allocating amounts between their health authorities against agreed, costed action plans.

### *Monitoring and Audit*

16. Each health authority is being set a challenging, individual waiting list and activity target to meet by 31 March 1999 with its allocation of the £320 million. Progress against these targets will be monitored vigorously by regional waiting list task forces and the national Waiting List Action Team. For the £65 million, health authorities will be accountable for the implementation of local action plans and Regional Offices of the NHS Executive, working with Social Care Regions, will performance manage their delivery. Interim progress reports are to be submitted by 30 September 1998 with outturn reports on performance against plans, including an evaluation of their costs and benefits and their impact on inpatient waiting lists, due by 30 April 1999.

17. It is too soon to comment on the impact of these additional resources.

18. Details concerning the use of the remaining £32 million for England have still to be finalised although £10 million for colorectal cancer has been announced. No firm plans have yet been made on how the additional £10 million will be used. However, it could be used in a similar way to the extra £10 million for breast cancer services in 1997–98 and focused on initiatives which support rapid access to high quality diagnostic services and the provision of high quality care. In this way, the money will contribute to reducing cancer waiting times. The resources could be made available through regional offices in the same way as the additional £10 million for breast cancer, with similar robust monitoring systems put in place to monitor achievement of spending plans. The remaining resources will be used to support action to tackle waiting lists by modernising the NHS, for example through extending the piloting of NHS direct, the 24-hour nurse-led telephone advice line. Further details are to be announced later in the year.

## **Assessment of Allocation**

19. The Government uses a range of mechanisms to ensure that NHS funding is distributed fairly. For the bulk of HCHS recurrent funding the principle is to move towards equity based on the health care needs of populations as measured by weighted capitation formulas. These formulas are used to set weighted capitation targets and the speed at which HAs are moved closer to target is the subject of annual decisions about the deployment of growth monies. In distributing growth monies a proportion goes to all HAs to recognise universal pressures.

20. For tackling specific problems using non-recurrent funding, fairness is best achieved through using an effectiveness criterion, that is, by targetting resources to where they will do most good. In the case of waiting list funding the universal nature of the pressure was recognised—waiting lists are by some distance patients’ greatest concern and all parts of the NHS need to play their part in meeting the public’s legitimate expectations by reducing waiting lists and achieving the reduction in waiting times that will result from shorter lists—so the general allocations of all HAs were topped up accordingly. A further tranche of waiting list funding was distributed to ROs in line with their HAs’ initial general allocations, thus achieving a broad

geographical equity. Effectiveness will be pursued by ROs who will use their local knowledge to target this funding to meet specific local pressures.

## 1.2 Redistribution of R & D Resources

*What redistribution of R&D resources between NHS providers, if any, has resulted from the first bidding round for "R&D support for NHS providers"?*

1. For the first time in 1998–99, R&D support funding for NHS providers is distributed through a new competitive process which seeks to improve the use made of R&D resources in supporting research of good quality and providing value for money for the NHS and benefit to patients. The process was based on ten published assessment criteria in accordance with the Strategic Framework for the use of the NHS R&D Levy. The redistributions achieved in the first round provide a balance between avoiding destabilisation of some trusts, and change especially to support developing R&D by primary care providers who for the first time this year have access to R&D support funding. The overall effect of redistributing R&D resources is to better target funding on providers who have demonstrated the potential to make the best use of it. Funding is subject to written agreements which put obligations on providers to ensure good use of public funds, and which include arrangements for monitoring and review of performance by the NHS Executive. The new system for funding R&D is being evaluated.

2. The first bidding round for funds from the budget which provides R&D support funding for NHS providers has resulted in a significant redistribution of resources. The objective of ensuring that R&D support funding goes to those providers who are able to make best uses of it means that some providers are getting more this year, or are receiving funding for the first time, with those who cannot getting less. In particular, 55 trusts and primary care providers who previously received no funding have been allocated £2,641k this year, and 38 trusts who received £667k last year and who bid for funds have received nothing—although they may be entitled to funding to cover the service support costs of externally funded non-commercial R&D which they nevertheless host. Other providers saw changes in their allocations both as a result of redistributions to secure best value from R&D resources, and as a consequence of a reduction in the size of the budget.

## 1.3 Resource Accounting and Budgeting

*Could the Department provide a commentary, including its current timetable, on the implementation of Resource Accounting and Budgeting within the wider Department? What will be the cost of implementation? What progress has been made in developing agreed performance measures and valuing fixed assets? Could the Department provide a commentary on the conclusions and recommendations of the report of the House of Commons Procedure Committee (see Second Report from the Procedure Committee, Session 1997–98, Resource Accounting and Budgeting, HC 438), and in particular comment on the accounting issues raised in paras 14–17 and the feasibility of the timetable as discussed in paras 28–35.*

### Resource Accounting

1. Implementation of Resource Accounting in the Department is progressing to plan. In March 1998, after taking evidence from the Department and the National Audit Office, the Treasury concluded that progress was generally satisfactory—though the timetable to deliver the considerable amount of work which remained was tight. The Department is preparing Resource Accounts for the current year (1998–99), but on a trial basis only. These accounts will be subject to a dry run audit by the National Audit Office and will be made available to the Health Committee for scrutiny. The Department expects the first year of live running to be 1999–2000.

2. Bringing together figures from over one hundred constituent bodies (eg Health Authorities and Executive Agencies) remains the most substantial challenge in delivering resource accounting, but the Department is working to develop the appropriate procedures and policies.

### Resource Budgeting

3. On Resource Budgeting, the Department's implementation timetable is dependent on progress more widely on developing new procedures and guidance for the planning and control of Government expenditure. Subject to these procedures receiving full Parliamentary approval, the Department's first resource based Estimate will be presented to Parliament for 2001–02 and, from that year, resource accounts will replace cash Appropriation Accounts.

4. The new procedures are expected to be developed across Government through a programme of pilots and trials. The first pilot took place in 1997–98. There will be a more extensive in-year live test during 1998–99, building on the information available from departmental resource accounting systems, and probably further exercises in subsequent years. DH will be playing its part in these activities to help ensure that, where necessary, the new budgeting regime takes account of any particular features of the Department's business.



The trials will also provide an opportunity for the Department to become familiar with the new arrangements before they go live.

5. The Department expects to be able to present the Health Committee with dry run Estimates on a resource basis before the first live year of Resource Accounting and Budgeting (RAB) in 2001–02.

### **Project Costs**

6. Because of the uncertainty about resource budgeting at the time, the Department's original project only dealt with resource accounting. Between 1995 and 1997, as planned, around £876,000 was spent on the project. The work to be done is now better defined and the project scope has been revised to include resource budgeting. The timetable has also been extended to 2002 (when full RAB is expected to be live). The full project includes firm costs of around £3 million (including money already spent) and outline costs (mainly in the NHS) of around £5 million. The outline costs are incomplete and will be firmed up as the requirements become clearer.

### **Performance measures**

7. The Department is also required to demonstrate whether it is using its resources effectively to achieve its objectives. Progress against a series of performance measures and targets will be presented in the OPA (Output and Performance Analysis), a companion volume to the resource accounts. The first published OPA will be for the year 1999–2000.

### **Valuation of Assets**

9. As a guide, some £2.7 billion of fixed assets are expected to fall within the Department's resource accounting boundary. Of these, around 95 per cent have already been valued. Around £1.5 billion of the assets are held by Health Authorities and Executive Agencies who already include the values in their published accounts. On the assets of the Department itself, all NHS assets held by Regional Offices (around £1 billion) have been valued, as have around 80 per cent of the remaining administrative assets (mainly the estate). Work is in hand to value the Department's office information system, which will very largely complete the picture.

### **Report on RAB from the House of Commons Procedure Committee**

#### *Accounting Issues*

10. In its report on RAB, the Procedure Committee identified three specific outstanding accounting issues which, unless satisfactorily resolved, could introduce unnecessary uncertainty into the figures presented for Parliamentary approval. These issues were: whether to adopt commercial accounting practice in respect of prior period adjustments; the treatment of contingent liabilities; and a proposal from the Government on accounting for the effect of general price inflation.

11. In general, the process of piloting and live testing of resource budgeting referred to in Paragraph 4 above is expected to inform the design of budgeting and control procedures so that uncertainty in each of these areas is minimised. More specifically, departments' treatment of contingent liabilities will have to be in line with generally accepted accounting practice (as reflected in the Resource Accounting Manual, which details how departments should prepare their resource accounts) and draft resource accounts will provide an indication of the likely scale of the issue. The Government will be keeping the operation of contingent liabilities under review in its programme of live testing, and if a particular budgeting problem emerges in this area, it will be addressed. The Government is also examining how prior period adjustments might impact on expenditure control under RAB, and how they might be accommodated within the Supply process.

12. On accounting for the effects of general price inflation, the Government believes that its proposal is correct in principle, since it would reflect more accurately the cost of holding assets and so provide an improved framework for resource allocation. As part of the piloting work on resource budgeting, the Treasury will be examining how the change should be introduced. Through the NHS, the Department has considerable experience of accounting for changing prices and will seek to contribute this to the work being done by the Treasury.

#### *Timetable*

13. The timetable for implementing RAB, though tight, is achievable for the Department. The project costs referred to above are based on an assumption that the new procedures for resource budgeting are finalised well before the first live year of RAB.

14. The Procedure Committee accepted the Government's proposals for monitoring the implementation of resource accounting and budgeting on the condition that Parliament is fully involved in assessing progress towards implementation. Three trigger points have been defined to provide Parliament with reassurance

during the transitional period leading to full implementation of RAB that satisfactory progress is being made. These points are:

- (i) Stage 1 approval (April–December 1998). This approval has already been granted for the Department of Health;
- (ii) assessment of departments' opening balance sheets for 1999–2000 (April–June 1999); and
- (iii) NAO's audit of departments' dry run 1998–99 resource accounts (autumn 1999).

15. As each trigger point is reached, it will be possible to assess the Department's progress towards implementation.

## 2. NHS AND PSS EXPENDITURE ISSUES

### 2.1 Overall Expenditure (formerly A1)

Will the Department provide an updated version of table A1.1 of HC 297 [*Trends in Actual and Planned Expenditure on the Health and Personal Social Services 1993–94 to 1998–99 by Area of Expenditure*], and of the Department's commentary which accompanied it? **Can the Department provide a brief commentary, explaining what expenditure is included under each section of the Table?**

Significant changes between forecast and actual outturn for 1996–97 and between the planned level of spending and forecast outturn for 1997–98 should be identified, by comparing figures in HC 297 with current figures. For each programme the planned level of spending in 1996–97 and actual outturn expenditure should be shown in tabular form.

Please identify differences between the 1998 Departmental Report and the figures in the new table 2.1.1, and explain these differences.

Any commentary which the Department wishes to append would be welcome, including information about efficiency gains and a table showing changes in the HCHS cost-weighted index of activity for the latest 10 years for which figures are available.

What is the Department's assessment of each programme's performance in 1996–97 against plans for that year and anticipated performance in 1997–98 against plans for that year and outturn in 1996–97?

Can the Department provide a table showing for each health authority: the planned Purchaser Efficiency Indicator (PEI) for 1997–98, and the latest estimated PEI Outturn for 1997–98. **Could the Department provide a commentary on any progress towards a replacement measure?**

## OVERALL EXPENDITURE

1. The information requested on expenditure trends from 1993–94 to 1998–99 is given in Table 2.1.1. Figures have been adjusted for classification changes, so that they provide a consistent series.

2. The NHS elements of Table 2.1.1 are on the same basis as Figure 2.1 of the Departmental Report (Cm 3912), in that they reflect the areas in which funds are actually spent, rather than those to which they are initially allocated.



Table 2.1.1

TRENDS IN ACTUAL AND PLANNED EXPENDITURE ON THE HEALTH AND PERSONAL  
SOCIAL SERVICES 1993-94 TO 1998-99  
BY AREA OF EXPENDITURE. <sup>(1)(2)(3)</sup>

	£ million					
	1993-94 outturn	1994-95 outturn	1995-96 outturn	1996-97 outturn	1997-98 forecast outturn	1998-99 plan
<b>Central Government Expenditure</b>						
<b>National Health Service Hospitals, community health, family health (cash limited) and related services(4)</b>						
<b>Current(5)</b>						
A. Net spending	20,347	21,324	22,439	23,412	24,842	26,175
B. Charges and receipts(6)	494	407	435	464	458	491
C. Total spending	20,841	21,731	22,873	23,877	25,300	26,667
D. Change over previous year in cash (per cent)	3.6	4.3	5.3	4.4	6.0	5.4
E. Change over previous year in input unit costs (per cent)	3.4	2.6	4.0	2.8		
F. D adjusted for E (per cent)	0.2	1.6	1.2	1.5		
G. Change over previous year in real terms (per cent) (gross)	0.7	2.7	2.4	1.4	3.2	2.4
H. Change over previous year in real terms (per cent) (net)	1.0	3.2	2.4	1.4	3.3	2.4
<b>Capital(5) (7)</b>						
A. Net spending	1,570	1,840	1,714	1,318	1,086	1,178
B. Charges and receipts(6)	213	208	282	393	436	349
C. Total spending	1,783	2,049	1,966	1,711	1,522	1,527
D. Change over previous year in cash (per cent)	-1.7	14.9	-2.5	-14.3	-11.0	0.3
E. Change over previous year in input unit costs (per cent)	1.8	4.9	4.5	3.2		
F. D adjusted for E (per cent)	-3.5	9.5	-6.7	-17.0		
G. Change over previous year in real terms (per cent)	-4.5	13.2	-5.2	-16.7	-13.4	-2.5
<b>National Health Service family health services (non-cash limited)(8)</b>						
<b>Current</b>						
A. Net spending	6,250	6,633	7,005	7,475	7,968	8,361
B. Charges and receipts	664	696	694	717	723	722
C. Total spending	6,914	7,329	7,700	8,192	8,692	9,084
D. Change over previous year in cash (per cent)	5.4	6.0	5.1	6.4	6.1	4.5
E. Change over previous year in input unit costs (per cent)	0.7	2.5	2.5	3.1		
F. D adjusted for E (per cent)	4.7	3.4	2.5	3.2		
G. Change over previous year in real terms (per cent)	2.4	4.4	2.2	3.4	3.3	1.6
<b>Departmental administration</b>						
<b>Current</b>						
A. Net spending	303	295	290	277	258	262
B. Charges and receipts	16	17	15	14	20	17
C. Total spending	320	312	305	292	278	279
D. Change over previous year in cash (per cent)	-6.1	-2.5	-2.0	-4.5	-4.6	0.2
E. Change over previous year in real terms (per cent)	-8.8	-4.0	-4.7	-7.2	-7.1	-2.7

						£ million
	1993-94 outturn	1994-95 outturn	1995-96 outturn	1996-97 outturn	1997-98 forecast outturn	1998-99 plan
<b>F. Cost of collecting NHS element of NI contributions<sup>(9)</sup></b>	17	17	17	17	17	17
<b>MCA Trading Fund<sup>(10)</sup></b>						
Current	5	0	0	0	0	0
Capital	0	0	0	0	0	
Total	5	0	0	0	0	1
<b>Central health and miscellaneous services</b>						
<b>Current</b>						
A. Net spending	442	452	487	517	506	515
B. Charges and receipts	66	76	90	96	123	112
C. Total spending	508	528	577	613	629	627
D. <i>Change over previous year in cash (per cent)</i>	4.2	3.9	9.2	6.4	2.6	-0.3
E. <i>Change over previous year in real terms (per cent)</i>	1.2	2.4	6.2	3.3	-0.1	-3.1
<b>Other NHS Capital</b>						
A. Net spending	24	25	22	23	21	15
B. Charges and receipts	0	0	0	0	1	0
C. Total spending	24	25	22	23	21	16
D. <i>Change over previous year in cash (per cent)</i>	-55.5	3.7	-12.1	5.0	-6.9	-26.2
E. <i>Change over previous year in real terms (per cent)</i>	-56.6	2.1	-14.5	2.0	-9.4	-28.3
<b>NHS Total</b>						
A. Net spending	28,941	30,569	31,957	33,023	34,681	36,508
B. Charges and receipts <sup>(6)</sup>	1,453	1,404	1,516	1,684	1,761	1,692
C. Total spending	30,394	31,973	33,473	34,707	36,443	38,199
D. <i>Change over previous year in cash (per cent)</i>	3.5	5.2	4.7	3.7	5.0	4.8
E. <i>Change over previous year in input unit cost (per cent)</i>	2.7	2.7	3.7	2.9		
F. <i>D adjusted for E (per cent)</i>	0.8	2.4	1.0	0.8		
G. <i>Change over previous year in real terms (per cent) (gross)</i>	0.6	3.6	1.9	0.7	2.2	1.9
H. <i>Change over previous year in real terms (per cent) (net)</i>	0.6	4.1	1.7	0.4	2.3	2.3
<b>Central Government Personal Social Services</b>						
A. Net spending	34	32	30	30	32	32
B. Charges	0	1	2	1	1	1
C. Total spending	35	32	32	31	34	33
D. <i>Change over previous year in cash (per cent)</i>	9.7	-5.9	-0.7	-4.1	-8.9	-2.6
E. <i>Change over previous year in real terms (per cent)</i>	6.6	-7.3	-3.4	-6.8	6.0	-5.4
<b>Central Government (specific) grants to local authorities<sup>(11)</sup></b>						
A. Net spending	654	831	772	638	534	576
B. Charges	0	0	0	0	0	0
C. Total spending	654	831	772	638	534	576



	£ million					
	1993-94 outturn	1994-95 outturn	1995-96 outturn	1996-97 outturn	1997-98 forecast outturn	1998-99 plan
D. <i>Change over previous year in cash (per cent)</i>	685.2	27.1	-7.1	-17.4	-16.4	8.0
E. <i>Change over previous year in real terms (per cent)</i>	663.0	25.2	-9.6	-19.7	-18.6	4.9
<b>Credit Approvals (LA capital)</b>						
A. Net spending	132	140	145	105	69	54
B. Charges	0	0	0	0	0	0
C. Total spending	132	140	145	105	69	54
D. <i>Change over previous year in cash (per cent)</i>	4.8	6.1	3.6	-28.0	-34.4	-21.7
E. <i>Change over previous year in real terms (per cent)</i>	1.8	4.5	0.8	-30.1	-36.2	-23.9
<b>Health and Personal Social Services Total</b>						
A. Net spending	29,762	31,573	32,904	33,796	35,316	37,169
B. Charges and receipts(6)	1,453	1,405	1,518	1,685	1,763	1,693
C. Total spending	31,215	32,977	34,423	35,480	37,079	38,862
D. <i>Change over previous year in cash (per cent)</i>	5.4	5.6	4.4	3.1	4.5	4.8
E. <i>Change over previous year in input unit costs (per cent)</i>						
F. <i>D adjusted for E (per cent)</i>						
G. <i>Change over previous year in real terms (per cent) (gross)</i>	2.4	4.1	1.6	0.1	1.8	1.9
H. <i>Change over previous year in real terms (per cent) (net)</i>	2.5	4.5	1.4	-0.2	1.8	2.3
<b>Local Authority Personal Social Services (11) (12)</b>						
<b>Current</b>						
A. Net spending	5,657	6,617	7,314	7,943	8,373	
B. Charges and receipts	621	886	1,079	1,320	1,484	
C. Total spending	6,278	7,503	8,393	9,263	9,857	
D. <i>Change over previous year in cash (per cent)</i>	14.8	19.5	11.9	10.4	6.4	
E. <i>Change over previous year in real terms (per cent)</i>	11.5	17.7	8.8	7.2	3.6	
<b>Port Health</b>						
A. Net spending	5	4	4	4	4	
B. Charges and receipts	1	2	2	2	2	
C. Total spending	6	6	6	6	6	
<b>Local Authority Personal Social Services Capital (13)</b>						
A. Net spending	116	156	160	146	144	
B. Charges and receipts	69	45	40	44	45	
C. Total spending	185	201	200	190	189	
D. <i>Change over previous year in cash (per cent)</i>	9.2	8.6	-0.5	-5.0	-0.5	
E. <i>Change over previous year in real terms (per cent)</i>	6.1	7.0	-3.2	-7.7	-3.1	

	£ million					
	1993-94 outturn	1994-95 outturn	1995-96 outturn	1996-97 outturn	1997-98 forecast outturn	1998-99 plan
<b>Local Authority Personal Social Services</b>						
<b>Total</b>						
A. Net spending	5,777	6,778	7,478	8,093	8,521	
B. Charges and receipts	692	933	1,121	1,365	1,531	
C. Total spending	6,469	7,710	8,599	9,458	10,052	
D. <i>Change over previous year in cash</i> <i>(per cent)</i>	14.6	19.2	11.5	10.0	6.3	
E. <i>Change over previous year in real terms</i> <i>(per cent)</i>	11.3	17.4	8.5	6.9	3.5	
<b>Local Authority, Health and Personal Social Services</b>						
<b>Total (14)</b>						
A. Net spending	34,752	37,379	39,465	41,146	43,235	
B. Charges and receipts	2,145	2,338	2,639	3,050	3,294	
C. Total spending	36,898	39,716	42,104	44,196	46,528	
D. <i>Change over previous year in cash</i> <i>(per cent)</i>	5.3	7.6	6.0	5.0	5.3	
E. <i>Change over previous year in real terms</i> <i>(per cent)</i>	2.3	6.0	3.2	2.0	2.5	
<b>Change in GDP deflator (per cent)</b> (17 March 1998 assumption)	2.91	1.51	2.77	2.93	2.70	2.90

*Footnotes:*

1. Cash figures have been rounded to the nearest £ million and therefore totals may not sum.
2. Percentages are rounded to one decimal place.
3. Real terms growth figures differ from those given last year because of subsequent changes in GDP deflators. Where not otherwise specified, percentage change figures are calculated on gross expenditure figures and therefore differ from the Departmental Report, where increases are calculated on net expenditure.
4. HCHS figures differ from those used for allocations to health authorities, which include monies for minor capital items between £1,000 and £5,000 within HCHS current for accounting purposes.
5. HCHS and NHS current exclude funding for that element of trusts' capital expenditure which they fund from charges to healthcare purchasers (£696 million in 1993-94, £975 million in 1994-95, £1,053 million in 1995-96, £1,106 million in 1996-97, an estimated £943 million in 1997-98 and a provisional £966 million in 1998-99). This funding is included within HCHS capital.
6. Includes trust charges and receipts (for current, £165 million in 1993-94, £300 million in 1994-95, £331 million in 1995-96, £388 million in 1996-97 and an estimated £388 million in 1997-98; for capital, £37 million in 1993-94, £51 million in 1994-95, £72 million in 1995-96, £116 million in 1996-97 and an estimated £206 million in 1997-98). Figures for charges and receipts in 1998-99 are provisional estimates.
7. HCHS capital includes NHS trust capital expenditure, ie that funded from charges to health care purchasers (see footnote 5) and that financed from their EFLs (£303 million in 1993-94, £590 million in 1994-95, £401 million in 1995-96, £83 million in 1996-97, an estimated £83 million in 1997-98 and provisional figures in 1998-99). Capital investment under the Private Finance Initiative is not included in this table, which details central government's own expenditure only.
8. FHS non cash limited expenditure includes expenditure, met from cash limited funds, on drugs prescribed by GP fundholders of £628 million in 1993-94, £1009 million in 1994-95, £1,296 million in 1995-96, £1,794 million in 1996-97, an estimated £2,204 million in 1997-98 and a provisional £2,895 million in 1998-99.



9. The cost of collecting the NHS element of NI contributions is shown as non-voted expenditure in Annex B of the Departmental Report (Cm 3912).

10. The MCA became a trading fund on 1 April 1993. It previously operated under net Running Costs control. Prior to 1993–94 MCA figures are included in DH admin. The MCA is funded from fees from the pharmaceutical industry.

11. There are no centrally generated “plan” figures for local authority expenditure, including that on personal social services. However, the Government provides a view of what it considers to be an appropriate level of expenditure in PSS standard spending (current expenditure) and Annual Capital Guidelines, supplementary credit approval and direct capital grants (capital expenditure). For 1998–99 these are as follows:

	<i>£ million</i>
PSS standard spending	8,292.9
Annual capital guidelines	45.0
Supplementary credit approvals	14.7
Direct capital grants	8.2

Local authorities may additionally finance capital from receipts and transfers from revenue.

12. The Department has not been able to update the index on PSS inflation at this stage. (See question 5.6). It has therefore not been possible to produce figures on the changes in input unit costs.

13. Included within the LA PSS Capital expenditure figures is the capital value of leased assets of £14 million for 1993–94, £15 million for 1994–95, £16 million for 1995–96, £15 million for 1996–97 (provisional) and £15 million for 1997–98 (provisional).

14. Local Authority, Health and Personal Social Services Total excludes Central Government (Specific and Special) Grants to Local Authorities and Credit Approvals (LA Capital) to avoid double counting. The total does still include an element of double counting (unquantifiable) with regard to joint working between hospitals and local authorities.

3. Table 2.1.2 gives a brief explanation of the main areas of expenditure in table 2.1.1.

**Table 2.1.2**

**EXPLANATION OF MAIN AREAS OF EXPENDITURE IN TABLE 2.1.1**

<i>Area of Expenditure</i>	<i>Description</i>
NHS Hospitals, community health, family health (cash limited) and related services (HCHS)	The main elements of these are the provision of hospital services, and certain community health services, such as district nurses, which are not provided by the family health services (FHS). These are services purchased by health authorities and provided in the main by NHS trusts. HCHS provision is cash-limited and also includes funding for some FHS spending (general medical services (GMS) cash-limited expenditure). It also covers related activities such as R&D and education and training purchased centrally from central budgets.
Capital	Capital expenditure is that used on the acquisition of land and premises, individual works for the provision, adaption, renewal, replacement or demolition of buildings, items or groups of equipment and vehicles etc. where the expenditure exceeds £5,000.
NHS Family Health Services (FHS) (non-cash limited)	Services provided in the community through doctors in general practice, dentists, pharmacists and other dispensing contractors, optometrists and ophthalmic medical practitioners, all of whom are independent contractors. Their contracts are set centrally by the Department following consultation with representatives of the relevant professions, and administered locally by health authorities. Funding of the FHS is largely demand-led and not subject to in-year cash limits at health authority level, though FHS expenditure has to be managed within the overall national cash limits.
Departmental Administration	The administrative costs of running the Department of Health, including the NHS Executive.
MCA Trading Fund	The Medicines Control Agency (MCA) is a DH executive agency. It safeguards public health by ensuring that all medicines on the UK market meet appropriate standards of safety, quality and efficacy. This is achieved through a system of licensing and inspection.

<i>Area of Expenditure</i>	<i>Description</i>
Central health and miscellaneous services (CHMS)	These are a wide range of activities funded from the Department of Health's spending programmes whose only common feature is that they receive funding direct from the Department and not via health authorities. Some of the services are managed directly by Departmental staff, others are run by non-departmental public bodies, or other separate executive organisations.
Other NHS Capital	Includes the capital elements of departmental administration and CHMS.
NHS Total	The sum of HCHS current and capital expenditure, FHS, Departmental administration, MCA Trading Fund, CHMS and other NHS capital.
Personal Social Services	Personal care services for vulnerable people, including those with special needs because of old age or physical or mental disability, and children in need of care and protection. Examples are residential care homes for the elderly, home help and home care services, and social workers who provide help and support for a wide range of people.
Central Government (specific and special) grants to local authorities	Cash grants targeted at services which require a higher priority, where pump-priming is appropriate or where the service is needed in only some authorities.
Credit Approvals (LA capital)	Central government permission for individual local authorities to borrow or raise other forms of credit for capital purposes.
Health and Personal Social Services Total	The sum of NHS total, central Government personal social services, central Government (specific and special) grants to local authorities, credit approvals (LA capital), and civil defence.
Local Authority, Health and Personal Social Services Total	The sum of Health and Personal Social Services Total and Local Authority Personal Social Services Total.

#### CHANGES BETWEEN PLANNED AND OUTTURN EXPENDITURE

4. Table 2.1.3 details significant changes between forecast outturn in 1996-97 and planned expenditure in 1997-98 from HC 297 with the outturn position in 1996-97 and forecast outturn position in 1997-98 in Table 2.1.1.

**Table 2.1.3**

#### COMPARISON OF NET EXPENDITURE PLANS FOR 1996-97 AND 1997-98 WITH THOSE ON PAGES 9-13 OF LAST YEAR'S HEALTH COMMITTEE WRITTEN EVIDENCE (HC 297)

£ million

	1996-97			1997-98		
	HC 297 Forecast Outturn	difference	Table 2.1.1 Outturn	HC 297 Plan	difference	Table 2.1.1 Forecast Outturn
HCHS current	22,313	99	23,412	24,368	474	24,842
HCHS capital	1,520	-202	1,318	1,315	-229	1,086
FHS current	7,501	-26	7,475	7,873	95	7,968
Dept admin current	278	-1	277	268	-10	258
CHMS current	523	-6	517	519	-13	506
Other health capital	19	4	23	16	5	21
PSS	31	-1	30	32	0	32
Specific grants	644	-6	638	466	68	534
Credit approvals	105	0	105	68	1	69



COMPARISON OF NET EXPENDITURE PLANS FOR 1996–97 AND 1997–98 WITH THOSE ON  
PAGES 9–13 OF LAST YEAR'S HEALTH COMMITTEE WRITTEN EVIDENCE (HC 297)

The main areas of change (£10 million or over) to the spending plans for the various parts of the programme other than LAPSS are as follows. The grant to local authorities for central government is unhypothecated. Local authorities determine their own expenditure.

				£ million
				1996–97
HCHS current	99	144:	Adjustment to bring in line with Appropriation Accounts	
		– 45:	Adjustment to GMS cash limited current in line with Appropriation Accounts	
HCHS capital	– 202	– 20:	Final adjustment to Trusts outturn (increased market borrowing)	
		– 151:	Underspend recorded in Appropriation Accounts	
		16:	GMS cash limited adjustment to bring in line with Appropriation Accounts	
		– 46:	Provisional trusts EFL outturn	
		22:	General medical services in line with Appropriation Accounts	
FHS current	– 26	– 26:	Adjustments made to bring in line with Appropriation Accounts	
				1997–98
HCHS current	474	159:	Addition for winter pressures	
		82:	Take up of health authorities' end year flexibility entitlement	
		6:	Transfer from DH admin	
		271:	Transfer from HCHS capital	
		– 17:	Transfer to FHS current	
		– 34:	Forecast underspend	
		7:	Transfers to other Government departments	
HCHS capital	– 229	– 13:	Transfer to DfEE for merger of West London Medical School	
		– 22:	Forecast underspend	
		161:	Take up of trusts end year flexibility entitlement	
		– 271:	Transfer to HCHS current	
		– 149:	Trusts vote provision—forecast underspend	
		65:	Trusts EFL forecast outturn	
FHS current	95	– 13:	Forecast underspend	
		10:	Transfer from CHMS for general medical service	
		80:	Addition for winter pressures	
		17:	Transfer from HCHS for general medical services	
Departmental admin current	– 10	– 6:	Transfer to HCHS current	
		6:	Take up of end year flexibility entitlement	
		– 7:	Increased receipts	
		– 2:	Forecast underspend	
CHMS current	– 13	– 10:	Transfer to FHS current for general medical services	
		– 1:	Reclassification of HFEA licence fees	
		– 1:	Transfer to DfEE	

5. Table 2.1.4 details significant changes between estimated outturn in 1997–98 and planned expenditure in 1998–99 from the Departmental Report (Cm 3912) and forecast outturn in 1997–98 and current expenditure in 1998–99 in table 2.1.1.

Table 2.1.4

COMPARISON OF NEET EXPENDITURE PLANS FOR 1997–98 AND 1998–99 WITH THOSE IN TABLE 2.1 OF THIS YEAR'S DEPARTMENTAL REPORT (CM 3912)

£ million

	1997–98			1998–99		
	<i>Cm 3912 Estimated Outturn</i>	<i>difference</i>	<i>Table 2.1.1 Forecast Outturn</i>	<i>Cm 3912 Plan</i>	<i>difference</i>	<i>Table 2.1.1 Current Provisions</i>
HCHS current	24,726	116	24,842	26,175	0	26,175
HCHS capital	1,192	– 106	1,086	1,178	0	1,178
FHS current	7,980	– 12	7,968	8,361	0	8,361
Dept admin current	260	– 2	258	262	0	262
CHMS current	509	– 3	506	516	– 1	515
Other health capital	21	0	21	15	0	15
PSS	32	0	32	32	0	32
Specific grants	553	– 19	534	576	0	576
Credit approvals	69	0	69	54	0	54

The main areas of change (£10 million or over) to the spending plans for the various parts of the programme other than LAPSS are as follows. The grant to local authorities for central government in unhypothecated. Local authorities determine their own expenditure.

£ million

1997–98			
HCHS current	116	116:	Revised forecast of outturn
HCHS capital	– 106	– 106:	Forecast underspend
FHS current	– 12	– 12:	Forecast underspend

#### ASSESSMENT OF PERFORMANCE

6. Table 2.1.3 shows that there were changes between forecast outturn for 1996–97 and final outturn in the HCHS current and capital and the FHS programmes, due to adjustments to bring in line with the Appropriation Accounts and underspends in the capital programme. Table 2.1.4 shows that in 1997–98 the main changes between estimated outturn and forecast outturn were due to higher forecast of expenditure in the HCHS current programme and lower forecast expenditure in the HCHS capital and FHS programmes.

7. Overall, table 2.1.1 shows that forecast expenditure in 1997–98 will be higher than outturn expenditure in 1996–97 in all programmes except NHS capital, Departmental administration, Central Government (specific) grants to local authorities and local authority credit approvals.

#### HOSPITAL AND COMMUNITY HEALTH SERVICES (HCHS) COST WEIGHTED ACTIVITY INDEX

##### Background

8. The Department has traditionally measured the efficiency of the HCHS by the Cost Weighted Activity Index (CWAI—discussed in paragraphs 10 to 13), using retrospective, provider based data derived mainly from audited final accounts. Since 1992–93 the Department has complemented the CWAI index by an in-year estimation of health authority efficiency using the Purchaser Efficiency Index (PEI—discussed in paragraphs 14 to 17).

9. The Government's view is that priorities and performance in the NHS have been distorted by an obsession with measuring changes in the Purchaser Efficiency Index without the same regard for improvements in other areas. Its manifesto claimed that “the Tories ‘so-called Efficiency Index’ counts the number of patient ‘episodes’, not the quality or success of treatment” and that under this Government, “the measure will be quality of outcome, itself an incentive for effectiveness.” The Government is therefore committed to replacing the PEI with a new, broader-based framework for assessing the NHS's performance in meeting the wider goals of improving health and health services. The new approach will concentrate on measuring what really counts for patients, by ensuring that the pursuit of quality and efficiency go together. But there will be no let up in our efforts to tackle inefficiency through demanding targets on unit costs and productivity. NHS Trusts will be required to publish their costs on a consistent basis to help drive out unacceptable variations through benchmarking.



*Cost Weighted Activity Index*

10. The index (Table 2.1.5) provides a broad measure of the overall growth in HCHS activity, in which the contribution of the individual components are weighted by their costs. Following changes in accounting practice within the NHS it has been difficult to gauge the increase in expenditure in both volume and real terms. However, estimates have been made using broadly comparable data and are shown in Table 2.1.5 and its associated graph (Figure 2.1.1). Over the 10 years since 1986–87 overall activity level increased by around 31 per cent. Over the same period, the volume of inputs—that is expenditure after allowing for increases in HCHS pay and other input unit prices—increased by around 17 per cent, suggesting an increase in efficiency of around 12 per cent.

11. Improvements in HCHS efficiency are dependent on several factors. An important driver is medical advance supporting new patterns of care delivery. For example, the introduction of minimally invasive therapies has reduced hospital stays for many treatments and thereby improved efficiency. The relocation of much long stay care to community settings has also had a similar effect. Each has contributed to significant gains in labour and capital productivity. On the other hand, we can be reasonably sure that the ageing of the population works against improvements in efficiency. Elderly people tend to require more expensive care, and their increasing numbers have placed upward pressure on average unit costs. Additionally efficiency measures which have been adopted in the past—such as the movement towards delivery of care in a Day Case or Outpatients setting and the closure of long stay psychiatric hospitals—have begun to reach the limits of their potential.

12. Trends in efficiency are the inverse of trends in unit costs. The efficiency gains recorded are therefore consistent with unit costs which have fallen compared to HCHS specific inflation. Inflation, over the past year, within the HCHS has been equal to inflation in the economy as a whole.

13. The Cost Weighted Activity Index growth for 1995–96 differs from that presented to the Committee last year. Analysis has revealed errors in activity data reported by some NHS trusts (see Question 4.12 paragraph 2). The CWAI figures for 1995–96 and 1996–97 are estimates, removing the effects of the errors. Work continues to collate fully corrected figures. Revised time series of activity data will be published in late Summer, and the CWAI can be revised at that time.

**Table 2.1.5**  
**HCHS COST WEIGHTED ACTIVITY INDEX**

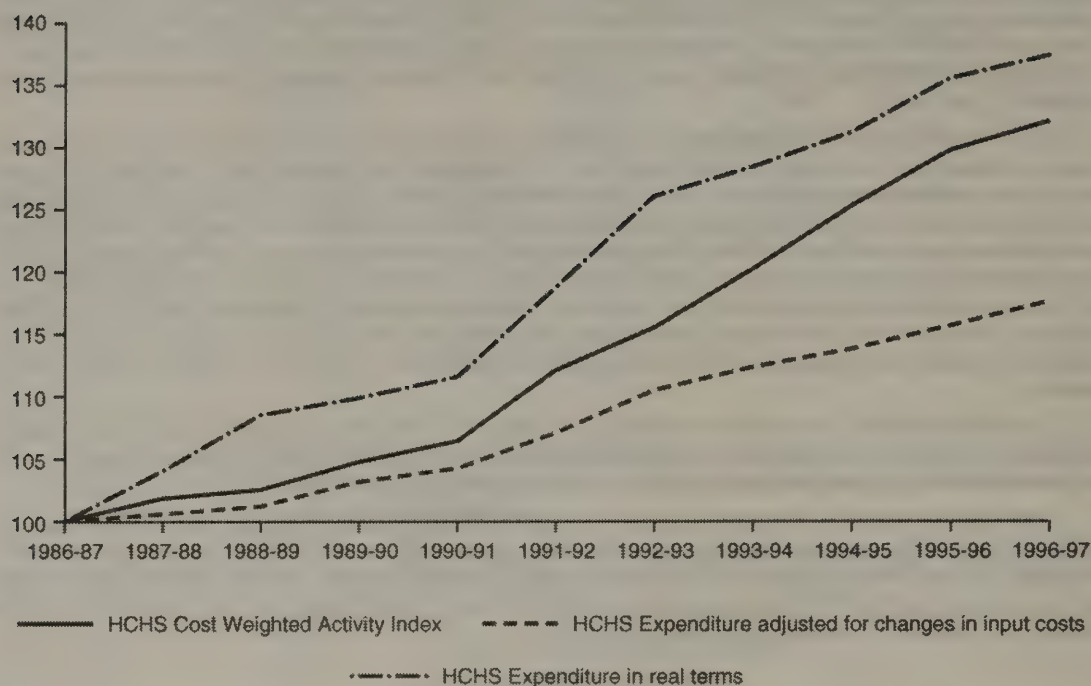
<i>HCHS Cost Weighted Activity Index</i>			<i>Expenditure Adjusted for changes in input unit costs</i>		<i>Expenditure in real terms</i>	
<i>Index</i>	<i>% increase over</i>		<i>Index</i>	<i>% increase over</i>	<i>Index</i>	<i>% increase over</i>
<i>1986–87 = 100</i>	<i>previous year</i>		<i>1986–87 = 100</i>	<i>previous year</i>	<i>1986–87 = 100</i>	<i>previous year</i>
1986–87	100.0		100.0		100.0	
1987–88	101.6	1.6	100.8	0.8	103.8	3.8
1988–89	102.5	0.9	101.5	0.7	108.4	4.4
1989–90	104.8	2.2	103.3	1.7	109.6	1.1
1990–91	106.1	1.3	104.2	0.9	111.3	1.6
1991–92	111.6	5.2	106.9	2.6	118.2	6.2
1992–93	115.2	3.1	110.3	3.1	125.0	5.8
1993–94	119.7	4.0	112.0	1.6	127.6	2.1
1994–95	124.7	4.2	113.6	1.4	130.4	2.2
1995–96	128.7	3.2	115.6	1.8	134.3	3.0
1996–97	130.9	1.7	117.3	1.5	136.1	1.3

*Footnotes:*

1. 1996–97 figures are estimates.

2. Following changes reported to hospital activity data for 1995–96 the percentage increase for HCHS Cost Weighted Activity Index was revised from 3.8 per cent to 3.2 per cent. This is further explained in paragraph 11 of the commentary.

**Figure 2.1.1**  
**HCHS Cost Weighted Activity Index**  
 (Index 1986-87 = 100)



#### PURCHASER EFFICIENCY INDEX

14. The PEI is a measure of the year on year change in a purchaser's efficiency. The index is calculated as the percentage change over time of a cost weighted sum of activity divided by the percentage change over time of deflated expenditure, using unaudited fast track data. The index attempts to cover some parts of technical efficiency. The index uses FCEs and community contacts as the measure of efficiency. Thus, it does not take account of casemix, appropriateness, effectiveness or quality of treatments, but taking the activity profile as given calculates the change in efficiency with which this is purchased. The index does not include primary care.

15. The Government's view is that priorities and performance in the NHS have been distorted by an obsession with measuring changes in the Purchaser Efficiency Index without the same regard for improvements in other areas. Its manifesto claimed that "the Tories 'so-called Efficiency Index' counts the number of patient 'episodes', not the quality or success of treatment" and that under this Government, "the measure will be quality of outcome, itself an incentive for effectiveness". The Government is therefore committed to replacing the PEI with a new, broader-based framework for assessing the NHS's performance in meeting the wider goals of improving health and health services. The new approach will concentrate on measuring what really counts for patients, by ensuring that the pursuit of quality and efficiency go together. But there will be not let up in our efforts to tackle inefficiency through demanding targets on unit costs and productivity. NHS Trusts will be required to publish their costs on a consistent basis to help drive out unacceptable variations through benchmarking.

16. The latest PEI figures for each health authority are shown in Table 2.1.6. In aggregate, these show that the service made a 1.7 per cent efficiency gain in 1997-98.

17. It is not possible to compare one health authority's PEI with another HA's PEI, but it is possible to track performance of a particular HA over time.



Table 2.1.6

## PEI PERFORMANCE BY HEALTH AUTHORITY

<i>Health Authority</i>	<i>1997-98</i>	<i>1997-98</i>
	<i>Planned PEI</i>	<i>Forecast Outturn</i>
	<i>%</i>	<i>PEI</i>
		<i>%</i>
Avon	1.4	-1.1
Barking and Havering	-1.0	-3.3
Barnet	-0.2	-5.9
Barnsley	1.9	0.8
Bedfordshire	1.0	4.0
Berkshire	-1.7	-2.2
Bexley and Greenwich	0.2	0.6
Birmingham	3.3	3.0
Bradford	1.2	3.4
Brent and Harrow	-4.5	2.6
Bromley	1.8	3.2
Buckinghamshire	-0.8	0.7
Bury and Rochdale	1.1	-0.2
Calderdale and Kirklees	0.7	-1.0
Cambridge and Huntingdon	1.8	0.8
Camden and Islington	8.3	7.7
Cornwall and Isles of Scilly	3.2	3.5
County Durham	0.2	-1.2
Coventry	-1.8	-0.2
Croydon	0.1	-2.1
Doncaster	1.4	4.0
Dorset	2.7	-0.7
Dudley	1.4	1.6
Ealing, Hammersmith and Hounslow	7.2	-1.7
East and North Hertfordshire	0.8	1.9
East Kent	3.1	0.7
East Lancashire	2.7	4.3
East London and the City	-1.5	1.3
East Norfolk	0.7	-0.8
East Riding	3.1	1.8
East Surrey	-0.2	-0.5
East Sussex	-1.6	-3.3
Enfield and Haringey	2.8	2.4
Gateshead and South Tyneside	1.0	2.4
Gloucestershire	2.6	2.5
Herefordshire	2.2	2.9
Hillingdon	-0.4	-5.5
Isle of Wight	2.8	2.5
Kensington Chelsea and Westminster	4.0	0.5
Kingston and Richmond	-0.4	0.6
Lambeth, Southwark and Lewisham	-0.4	-8.2
Leeds	1.4	-2.9
Leicestershire	-0.9	0.5
Lincolnshire	0.9	0.2
Liverpool	2.8	0.8
Manchester	1.8	-4.3
Merton, Sutton and Wandsworth	-1.9	-0.9
Morecambe Bay	3.1	2.0
Newcastle and North Tyneside	-0.6	-5.0
North and East Devon	2.3	0.8
North and Mid Hampshire	5.9	6.6
North Cheshire	2.4	0.5
North Cumbria	1.8	1.7
North Derbyshire	1.4	1.5
North Essex	2.1	1.6
North Nottinghamshire	1.6	0.3
North Staffordshire	2.2	1.4
North West Anglia	1.7	1.1
North West Lancashire	4.8	3.8

<i>Health Authority</i>	<i>1997-98</i>	<i>1997-98</i>
	<i>Planned PEI</i>	<i>Forecast Outturn</i>
	<i>%</i>	<i>PEI</i>
		<i>%</i>
North Yorkshire	1.4	-0.2
Northamptonshire	3.0	2.8
Northumberland	1.4	2.1
Nottingham	3.0	-0.1
Oxfordshire	1.1	0.7
Portsmouth and South East Hampshire	1.9	0.6
Redbridge and Waltham Forest	3.2	-0.9
Rotherham	-5.1	-3.6
Salford and Trafford	3.4	-0.2
Sandwell	-0.4	-3.9
Sefton	1.1	-2.0
Sheffield	-2.3	1.9
Shropshire	-1.0	-0.6
Solihull	1.3	-2.0
Somerset	2.2	3.3
South and West Devon	2.5	0.8
South Cheshire	2.5	4.8
South Derbyshire	3.9	0.1
South Essex	0.4	-0.7
South Humber	1.6	-3.2
South Lancashire	3.0	1.2
South Staffordshire	2.5	1.2
Southampton and South West Hampshire	0.8	-2.8
St Helen's and Knowsley	3.0	3.6
Stockport	-2.8	-3.6
Suffolk	1.6	3.0
Sunderland	-0.5	-2.9
Tees	3.1	1.3
Wakefield	-0.7	-5.7
Walsall	1.3	2.7
Warwickshire	0.5	1.4
West Hertfordshire	0.9	0.2
West Kent	2.0	1.3
West Pennine	1.8	0.6
West Surrey	-0.3	-1.8
West Sussex	-2.1	-8.3
Wigan and Bolton	3.0	2.9
Wiltshire	0.4	1.7
Wirral	2.7	2.0
Wolverhampton	3.3	3.9
Worcestershire	0.1	-3.7

## 2.2 Programme Budgets (formerly A3)

Can the Department update the information on expenditure on Programme Budgets provided in tables A3.1 of HC 297.

## INTRODUCTION

1. The response to this question is in two parts. The first part deals with the programme budget for 1996-97 presented in the new format. The Department feels that this section more accurately reflects expenditure by the NHS in 1996-97 (see paras 3 to 8 below).

2. The second part deals with long-term trends in expenditure within the programme budget. Unfortunately, due to major discontinuities in the data, figures for 1996-97 are not comparable with those in earlier years and trends are reported on the period to 1995-96 (see paras 9 to 12).

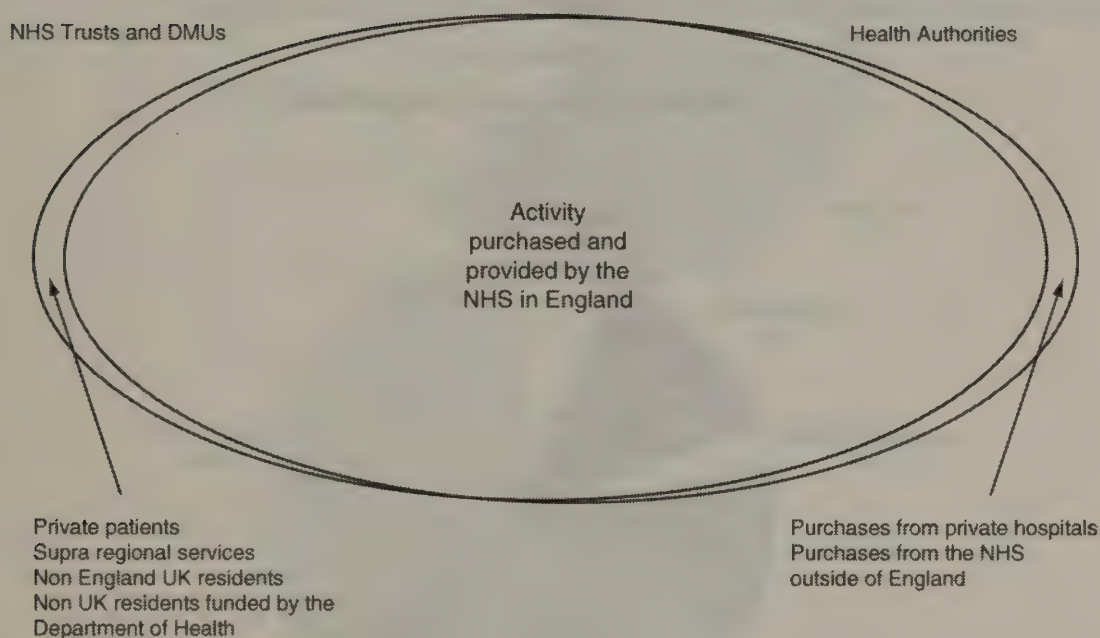


## SECTION 1—HCHS PROGRAMME BUDGET: A NEW METHOD

3. Traditionally, detailed HCHS analysis has been carried out using provider data from directly managed units (DMUs). Since NHS trusts were created in 1991–92, provider data has become an increasingly poor proxy for healthcare purchased by Health Authorities. The fundamental problem is that there are increasing differences between activity reported by Health Authorities and NHS providers. Figure 2.2.1 shows the relationship between the two sets of data.

**Figure 2.2.1**

**NHS Trust and DMU Activity Data, compared to  
Health Authority Activity Data**



4. As can be seen from figure 2.2.1, the common ground between Health Authorities and trusts/DMUs is activity which has been both purchased and provided by the NHS in England. The traditional presentation of HCHS expenditure blurs the distinction between Health Authorities and trusts/DMUs by fitting the provider profile of expenditure to the Health Authority total of expenditure. A new method of constructing the programme budget information has therefore been devised. The new programme budget aims to capture the most recent year's expenditure made by Health Authorities and present that data in a more easily readable. The results are shown in Table 2.2.1.

5. There are major differences between the new HCHS programme budget format and the traditional format:

- (i) The new format covers Health Authority expenditure regardless of whether it was provided by NHS or non-NHS providers. Conversely, private patients at NHS providers do not affect the figures >
- (ii) The programmes are more logically structured and presentation is easier to follow. For example, all general and acute expenditure on the elderly is presented as one programme, whereas previously the geriatric programme (ie care led by a consultant geriatrician) was frequently, and wrongly, taken to mean all general care for the elderly.
- (iii) A clear distinction has been drawn between programmes of care (columns) and method of care (rows).

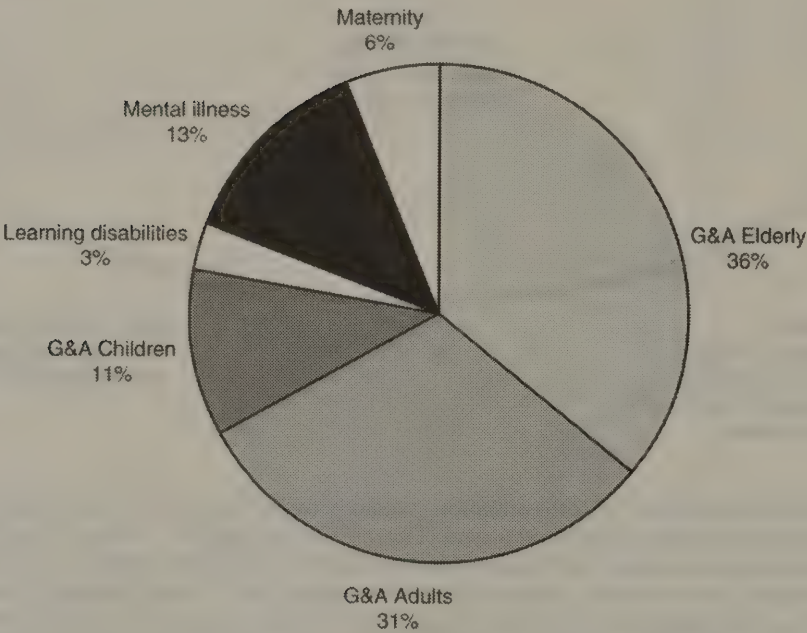
COMPARISONS WITH LAST YEAR

6. In order to gain the maximum value and usefulness from the programme budget it is necessary to compare expenditure trends over a comparative period. Unfortunately, for the most recent years (due to a number of changes to data and accounting systems) this has not been possible and so in the following text we have adjusted the 1995–96 and 1996–97 date in order to give *estimates* of comparable totals.

7. In 1996–97 overall HCHS expenditure (excluding joint finance) was £21,987m compared to the adjusted 1995–96 figure of £21,672m. Therefore HCHS expenditure rose by 1.5 per cent in volume terms, ie after allowing for HCHS pay and prices increases, and by 1.4 per cent in real terms.

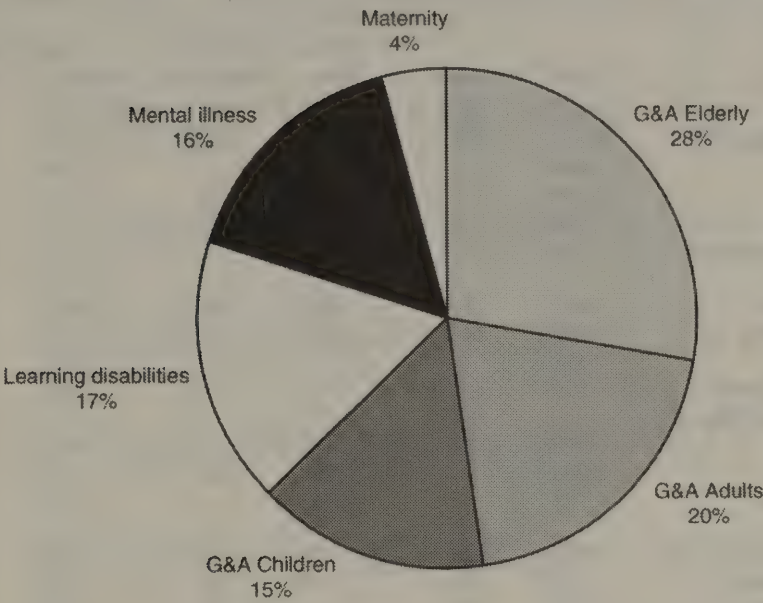
8. The pattern of spend between programmes differs for hospital services and those in the community (see Figures 2.2.2 and 2.2.3). The largest programmes in both sectors are *elderly (general & acute)* and *adults (general & acute)* although the proportion of total budget spent differs considerably. These two areas account for two thirds of hospital expenditure but less than half of the community sector’s expenditure. Spending on *learning disabilities* in the community sector account for 17 per cent of this sector’s expenditure, whereas only 3 per cent of hospital expenditure is spent on this programme. The proportion of expenditure spent on *mental illness* is similar in both sectors, as it is in both *children (general & acute)* and *maternity*.

Figure 2.2.2  
Hospital expenditure by programme  
1996/97





**Figure 2.2.3**  
**Community expenditure by programme**  
**1996/97**



**Table 2.2.1**  
**HCHS PROGRAMME BUDGET EXPENDITURE, 1996–97 PRICES**

*£ million at 1996–97 prices*

<i>Service Type</i>	<i>Programme</i>						
	<i>Total</i>	<i>Maternity</i>	<i>Mental Illness</i>	<i>Learning Disabilities</i>	<i>General and Acute Children</i>	<i>Adults</i>	<i>Elderly</i>
Total Hospital	16,131	952	2,139	547	1,814	4,929	5,752
Ordinary admissions <sup>(1)</sup>	11,657	836	1,681	484	1,152	3,351	4,154
Day cases	1,085	—	—	—	96	715	274
Outpatients	2,396	118	197	15	479	609	979
Day Care	420	—	261	48	—	29	82
Accident and Emergency	573	—	—	—	83	226	265
Total Community	4,011	150	652	700	610	807	1,091
Community nursing	1,702	146	335	96	47	390	688
Health visiting	311	—	—	—	198	101	13
Professional staff groups	556	—	17	1	45	254	238
Immunisation, surveillance and screening	349	—	—	—	310	38	1
Residential care	1,008	—	288	598	—	—	122
Health Promotion	85	5	12	5	10	24	29
Ambulance journeys	435	26	58	15	49	133	155
Other Patient related	670	37	93	41	80	191	227
Non-Patient related	1,664	91	231	103	200	474	566
Total HCHS	22,911	1,256	3,173	1,406	2,749	6,535	7,792

*Footnotes:*

1. Includes regular day/night attenders.
2. Figures may not sum due to rounding.
3. Expenditure on RHA Direct spending including SIFT, R&D etc is now allocated centrally.

## SECTION 2—TRADITIONAL PROGRAMME BUDGET METHODOLOGY

9. This section of the reply discusses trends in Hospital and Community Health Services (HCHS) gross current expenditure over the period 1986–87 to 1995–96. Figures are provided for 1996–97 but are not on a comparable basis with earlier years.

10. Expenditure on HCHS is shown in Table 2.2.2. The corresponding annual growth rates are also given. However, as said earlier, these rates are for the period 1991–92 to 1995–96 and not 1996–97. This table illustrates the breakdown of expenditure between the main programmes and how this has changed since 1986–87. 1996–97 HCHS expenditure figures are provisional (final accounts figures will be available in the autumn). The breakdown of expenditure, by programme, from 1991–92 to 1995–96 is shown in Figure 2.2.4.

11. Acute hospital services expenditure accounts for the largest proportion of HCHS expenditure: £11.7 billion in 1995–96 or 48 per cent of the HCHS total, and its share of the HCHS total has remained roughly the same since 1991–92.

12. Although acute hospital services have been growing, long stay hospital services have been declining, as care has shifted to the community. Hospital inpatient expenditure in the geriatric, mental health and learning disability sectors accounted for 21 per cent of total HCHS expenditure in 1991–92, but had fallen to 17 per cent by 1995–96. At the same time, total community expenditure was constant, at 15 per cent of HCHS spend, in both 1991–92 and 1995–96.

*Abbreviations used in Tables 2.2.1 and 2.2.2: IP = inpatient; OP = outpatient, DP = day patient; CHS = community health services; JF = joint finance; HCHS = Hospital and Community Health Services; Res = residential; YPD = younger people with physical and/or sensory disabilities; LD = learning disabilities; MH = mental health (previously mental illness); PSS = Personal Social Services; MI = mental illness; LA = Local Authority.*



**Table 2.2.2**  
**PROGRAMME BUDGET HOSPITAL AND COMMUNITY HEALTH SERVICES**  
**GROSS CURRENT EXPENDITURE, 1996-97 PRICES<sup>1</sup>**

Average annual change in expenditure (£ million at 1996-97 prices)														
	1986-87	1987-88	1988-89 (2)/(3)	1988-89 (2)/(3)	1989-90 (2)	1990-91 (2)	1991-92 (4)	1992-93 (4)	1993-94 (4)	1994-95 (4)	1995-96 (4)	1996-97 (5)	1991-92 to 1995-96 (1)	(7)
Acute IP	6,641	6,625	6,741	6,741	6,861	6,833	8,169	8,318	8,314	8,598	8,841	8,284	2.0%	3.4%
Acute OP	1,970	1,956	1,926	1,926	2,011	2,108	2,722	2,841	2,936	3,039	3,099	3,420	3.3%	4.7%
Obstetric IP	799	841	826	826	791	767	840	818	764	763	738	718	-3.2%	-1.9%
Obstetric OP	150	143	118	118	108	99	158	164	149	132	127	131	-5.4%	-4.1%
Geriatric IP	1,670	1,673	1,637	1,637	1,576	1,527	1,739	1,702	1,636	1,586	1,497	1,253	-3.7%	-2.4%
Units for YPD	43	—	—	—	—	—	—	—	—	—	—	—	—	—
Geriatric & YPD OP	15	45	37	37	35	40	49	50	49	54	50	44	0.6%	2.0%
Learning Disabilities IP	917	899	903	903	895	867	971	953	903	860	828	838	-3.9%	-2.6%
Learning Disabilities P	2	5	4	4	3	4	4	7	8	10	10	17	27.9%	29.6%
Mental Health IP	1,847	1,954	1,946	1,946	1,916	1,850	2,047	1,992	1,864	1,757	1,718	1,722	-4.3%	-3.0%
Mental Health OP	132	115	104	104	109	114	158	170	187	210	228	292	9.7%	11.1%
General & Acute DP	124	88	87	87	86	93	119	121	131	147	146	105	5.4%	6.8%
Learning Disabilities DP	—	—	—	—	—	—	32	37	52	45	43	54	7.2%	8.7%
Mental Health DP	147	152	164	164	162	173	192	215	226	233	253	285	7.2%	8.6%
Other Hospital	1,173	887	928	928	995	1,108	924	971	1,127	1,234	1,284	464	8.6%	10.0%
Total Hospital	15,629	15,383	15,420	15,420	15,548	15,582	18,122	18,357	18,346	18,668	18,863	17,628	1.0%	2.4%
Health Visiting	304	321	—	—	—	—	—	—	—	—	—	—	—	—
District Nursing	614	685	—	—	—	—	—	—	—	—	—	—	—	—
Community Midwifery	159	178	—	—	—	—	—	—	—	—	—	—	—	—
Prevention	92	97	103	103	—	—	—	—	—	—	—	—	—	—
Chiroprody	64	67	78	78	76	77	105	98	112	110	114	88	2.3%	3.6%
Family Planning	62	66	53	53	56	52	80	63	70	68	70	54	-3.3%	-2.0%
School Health	306	332	—	—	—	—	—	—	—	—	—	—	—	—
Immunisation and Surveillance	—	—	—	265	264	242	304	300	331	337	338	276	2.6%	4.0%
Screening	—	—	—	75	76	79	87	81	75	63	67	53	-6.3%	-5.0%
Professional Advice and Support	—	—	—	267	289	300	345	327	331	320	324	280	-1.6%	-0.2%

**Table 2.2.2 (Continued)**  
**PROGRAMME BUDGET HOSPITAL AND COMMUNITY HEALTH SERVICES**  
**GROSS CURRENT EXPENDITURE, 1996-97 PRICES<sup>1</sup>**

(£ million at 1996-97 prices) <sup>1</sup>														
	1986-87	1987-88	1988-89 (2)/(3)	1988-89 (2)/(3)	1989-90 (2)	1990-91 (2)	1991-92 (4)	1992-93 (4)	1993-94 (4)	1994-95 (4)	1995-96 (4)	1996-97 (5)	Average annual change in expenditure 1991-92 to 1995-96	
													(1)	(7)
General Community														
Patient Care	—	—	—	861	843	833	1,017	914	991	910	923	997	-2.4%	-1.1%
Community MH	—	—	—	186	224	245	252	287	301	341	381	502	10.9%	12.4%
Community LD	—	—	—	92	112	124	165	225	279	310	309	346	16.9%	18.5%
Community Maternity	—	—	—	191	205	218	162	158	158	160	173	204	1.7%	3.0%
Health Promotion	—	—	—	96	105	113	99	96	96	94	99	70	-0.2%	1.1%
Community Dental	—	—	—	90	88	87	117	113	110	102	104	79	-2.8%	-1.5%
Services to GP's														
Under Open Access	—	—	—	160	200	226	304	290	328	334	370	268	5.0%	6.4%
Other CHS	350	580	626	67	63	61	371	355	385	422	470	328	6.1%	7.5%
Total Community	1,951	2,325	2,480	2,480	2,600	2,657	3,408	3,305	3,566	3,571	3,742	3,545	2.4%	3.7%
Ambulances	520	501	472	472	477	460	547	555	557	569	595	599	2.1%	3.5%
HQ Administration	818	853	825	825	906	1,034	799	835	960	957	1,030	908	6.6%	8.0%
Total HCHS (Excl J/F)	18,918	19,062	19,198	19,198	19,532	19,734	22,876	23,052	23,429	23,765	24,230	22,680	1.4%	2.8%
Joint Finance: Total	172	169	161	161	156	149	180	190	231	234	232	232	6.5%	7.9%
Total HCHS (Incl J/F)	19,090	19,231	19,359	19,359	18,688	19,882	23,057	23,241	23,660	23,999	24,462	22,911	1.5%	2.8%

**Footnotes:**

1. After allowing for HCCHS pay and price inflation.

2. Figures from 1987-88 onwards may not be entirely consistent with those for earlier years, owing to the changes in the data collection systems following recommendations of the Körner working groups.

3. Expenditure categories were revised in 1988-89, in particular relating to community services. Therefore the figures are shown on both the old and the new basis.

4. Figures for 1991-92 onwards are not comparable with earlier years owing to revised NHS accounting practice following the NHS reforms. This involved the use of recharges between provider units. Capital charges were also included in Health Authority accounts.

5. Prior to 1996-97 monies provided for GP Fundholder to purchase HCCHS care was exclusively allocated to General & Acute care. A more realistic allocation of expenditure shows that community services comprised a part of this expenditure. Hence figures may not be directly comparable with previous years.

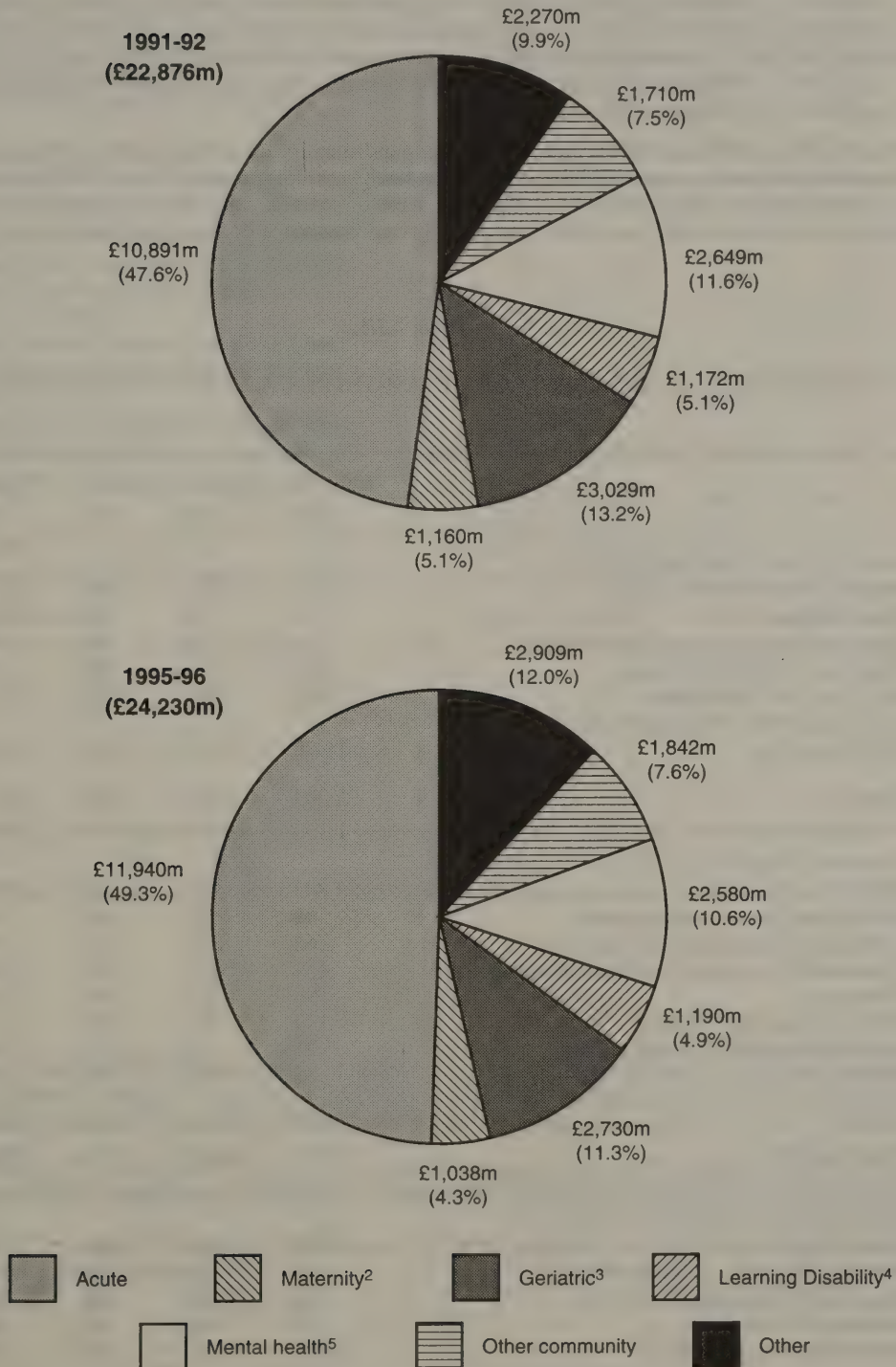
6. In 1996-97 several categories of the programme budget were affected by changes to accounting practice and the changing structure of the NHS. Included in these were the need to capitalise redundancy payments, and recharges, discussed in the previous footnote, were no longer included.

7. After allowing for general inflation.

8. Figures may not sum due to rounding.



**Figure 2.2.4**  
**Distribution of HCHS Gross Current Expenditure<sup>1</sup>**  
**(excluding Joint Finance)**  
**1991-92 and 1995-96**



<sup>1</sup> After allowing for HCHS pay & price inflation.

<sup>2</sup> Includes community maternity.

<sup>3</sup> Includes general community patient care, general & acute and chiropody.

<sup>4</sup> Includes learning disability day patients.

<sup>5</sup> Includes mental health day patients.

<sup>6</sup> Geriatric patients need not be under the care of a doctor attached to the sector of the treating consultant.

This may explain the reduction in the share of spend in this sector. This problem is more realistically addressed as part of the programme budget which reflects the age of patients treated in broad healthcare sectors.

### 2.3 Expenditure on Community Care (formerly A4)

Can the Department provide a table showing, by service, net expenditure in real terms by central and local government on community care, broken down by residential and non-residential care (taking into account relevant service pay and price increases), over the most recent five year period for which such data are available? Could this data include Social Security and Housing expenditures contributing to Community Care objectives?

1. Table 2.3.1 provides details of central and local government net expenditure on services for community care in England, for 1992–93 to 1996–97, the latest year for which information is available. All figures have been adjusted to 1996–97 prices using the latest Gross Domestic Product deflator announced by HM Treasury on 17 March 1998. The reason for using the GDP deflator is that there is no single service pay and price index that would be appropriate for all sectors.

2. Community care expenditure is taken to mean expenditure on domiciliary and residential care provided or arranged by local authorities for adults; community health services provided by the NHS for adults; certain social security benefits which support community care objectives; and certain expenditure on housing. Calculation of local authority expenditure by client group involves a degree of estimation.

**Table 2.3.1**

#### NET EXPENDITURE ON SERVICES FOR COMMUNITY CARE (1996–97 PRICES): ENGLAND

	1992–93 £m	1993–94 £m	1994–95 £m	1995–96 £m	1996–97 £m
<b>A. Local authority domiciliary care (1)</b>					
Home Care and Home Helps	704	721	909	973	1,027
Meals at Home	48	46	44	43	46
Disability Equipment and Adaptations	55	70	58	74	74
Day Care for Elderly People	128	136	205	231	220
Day Care for Other Adults	382	392	505	535	542
Care Assessment, Management and Administration	1,076	1,243	1,112	1,190	1,237
<b>Total A</b>	<b>2,393</b>	<b>2,608</b>	<b>2,833</b>	<b>3,045</b>	<b>3,145</b>
<b>B. Community Health (2) (3) (4)</b>					
General Patient Care	802	873	810	832	898
Professional Advice and Support	48	48	48	48	42
Community Mental Illness Nursing	265	279	321	363	477
Community Learning Disabilities Nursing	154	191	215	216	242
Chiropody	96	110	109	114	88
Mental Illness Day Patients	179	188	197	216	242
Learning Disabilities Day Patients	31	43	38	36	46
Other Day Care	88	96	109	110	79
<b>Total B</b>	<b>1,663</b>	<b>1,828</b>	<b>1,846</b>	<b>1,936</b>	<b>2,114</b>
<b>Total A plus B</b>	<b>4,056</b>	<b>4,435</b>	<b>4,679</b>	<b>4,981</b>	<b>5,259</b>
<b>C. Local authority residential care for (1)</b>					
Elderly People	749	935	1,268	1,469	1,672
Younger Physically Disabled People	60	64	103	113	130
People with Learning Disabilities	243	290	366	413	466
Mentally Ill People	43	60	83	100	121
Administration and Other	182	213	265	276	291
<b>Total C</b>	<b>1,277</b>	<b>1,562</b>	<b>2,085</b>	<b>2,372</b>	<b>2,680</b>
<b>D. Income Support—Residential Care, Nursing Homes and Residential Allowance Cases (5) (6) (7)</b>					
	2,440	2,337	1,973	1,744	1,665
<b>Total C plus D</b>	<b>3,717</b>	<b>3,899</b>	<b>4,058</b>	<b>4,116</b>	<b>4,345</b>



	1992-93 £m	1993-94 £m	1994-95 £m	1995-96 £m	1996-97 £m
<b>E. Other Social Security Benefits</b>					
Independent Living Fund	101	125	107	108	110
Attendance Allowance (8)	1,583	1,632	1,753	1,873	1,981
Mobility Allowance (9)	933	59	n/a	n/a	n/a
Disability Living Allowance (8)	n/a	2,396	2,650	3,134	3,501
Invalid Care Allowance (10)	309	385	452	516	624
Social Fund Community Care Grants	99	102	103	99	96
<b>Total E</b>	<b>3,025</b>	<b>4,699</b>	<b>5,064</b>	<b>5,730</b>	<b>6,312</b>
<b>F. Housing (11)</b>					
LA Expenditure on New Housebuilding: Dwellings for the Elderly and Disabled (12)	22	23	18	8	6
Grants for Disabled Persons under the Housing Act 1985 (13)	1	0.3	0.1	0.0	n/a
Disabled Facilities Grants under the Local Government and Housing Act 1989: Final Payments	77	84	98	102	100
Renovation of Specialised Dwellings: Work Completed for LAs (14)	23	25	30	29	n/a
<b>Total F</b>	<b>124</b>	<b>131</b>	<b>146</b>	<b>139</b>	<b>106</b>
<b>Total E plus F</b>	<b>3,149</b>	<b>4,830</b>	<b>5,210</b>	<b>5,869</b>	<b>6,418</b>
<b>Grand Total A to F</b>	<b>10,923</b>	<b>13,164</b>	<b>13,947</b>	<b>14,966</b>	<b>16,023</b>

## FOOTNOTES:

*Parts A and C*

1. Local Authority expenditure is obtained from the RO3 current expenditure return.

*Part B*

2. Figures derived from HCHS programme budget analysis. It has been assumed that 90 per cent of total general patient care spending, 15 per cent of professional advice and support, 95 per cent of community mental illness nursing, and 70 per cent of community mental handicap nursing is on adults.

3. For 1996-97 GP Fundholder expenditure has been allocated across the Community Sector to provide a more accurate view of community expenditure. Figures may not be directly comparable with earlier years.

4. Administration costs for Community Health services are not separately identifiable and are not included in the Community Health figures.

*Part D and E*

5. Estimated Annual Income Support expenditure is based on numbers and average weekly payments in the enquiry week, and is based on a four quarter average.

6. Expenditure is based on Preserved Rights Residential Care & Nursing Home cases, and Residential Allowance cases for England.

7. Source: Income Support Statistics Quarterly Enquiries May 1996-February 1997.

8. Attendance Allowance and Disability Living Allowance figures have been derived from the outturn figures for Great Britain in Table 1A of the Social Security Department Report 1997–98 to 1999–2000 by using point-in-time payload figures for England and Great Britain in conjunction with the weekly rates of benefits.

9. Mobility Allowance figures have been provided for 1992–93 as Disability Living Allowance did not exist in 1992–93.

10. Estimate produced by apportioning out-turn figures for Great Britain by the number of beneficiaries at the end of the year.

#### *Part F*

11. The majority of new social housing (including for elderly or disabled people) is now built by Housing associations rather than Local Authorities.

12. LA are concentrating their funds on renovating existing buildings.

13. Collection of data on for Grants for Disabled Persons under the Housing Act 1985 ceased after the March quarter 1996.

14. Collection of this data has now ceased.

#### *2.4 Care of Mental Health and Learning Disability Patients*

*2.4a Would the Department update the information provided in HC 297, tables C5.1 to C5.8, on patients under the care of a learning disability or mental illness consultant, discharges by length of stay, ages and destination, and residential and other places available.*

#### INTRODUCTION

1. Tables 2.4.1 to 2.4.3 present information on in-patients under the care of a mental handicap specialist and table 2.4.4 presents information on beds available in NHS and private nursing facilities and places in residential care for people with learning disabilities. Tables 2.4.5 to 2.4.8 have similar information for patients in the care of a mental illness specialty. Tables 2.4.1 to 2.4.3 and 2.4.5 to 2.4.7 are derived from the Hospital Episode Statistics (HES) system. HES data for 1996–97 are still not complete (the introduction to question 4.12 gives further explanation to this) and there are data quality issues with the data that are available. The figures in tables 2.4.2, 2.4.3, 2.4.6 and 2.4.7 are estimates based on partial data from five regions. It has not been possible to produce estimates in order to update tables 2.4.1 and 2.4.5 to 1996–97. In order to give a rounded picture of services provided to patients under the care of a learning disability or mental illness consultant, data relating to March 1996 (as published in HC 297) have been re-presented.

#### CARE OF PATIENTS UNDER A MENTAL HANDICAP/LEARNING DISABILITY CONSULTANT

2. The estimated number of in-patients under the care of the mental handicap specialty at the end of each year fell from more than 34,000 in 1986 to an estimated 10,500 in 1996 (Table 2.4.1). This is mainly due to the fall in the number of very long stay patients, from 27,400 to 6,000, over the period resulting from the closure of long stay units and resettlement of patients. There has however been a substantial increase in the number of short stay episodes. Provisional estimates show that 76 per cent of patients discharged in 1996–97 had been in hospital for less than a week compared with 58 per cent of those discharged in 1986 (Table 2.4.2); this probably reflects an increase in spells of respite care. Table 2.4.3 shows that most patients under 65 discharged after a length of stay of less than a year return to their usual place of residence (98 per cent in 1996–97); the estimate for those aged 65 and over is 73 per cent with a further 18 per cent transferring to other NHS Trusts. Of those under 65 and over is 73 per cent with a further 18 per cent transferring to other NHS Trusts. Of those under 65 discharged after a stay of a year or more (an estimated 1,100 in 1996–97), about a third returned to their usual place of residence, about a third to another NHS trust and about a quarter to local authority homes or other non-NHS institutions. Only an estimated 300 patients aged 65 or over were discharged after a stay of a year or more in 1996–97; the estimates of destination on discharge are based on small numbers and are unlikely to be reliable.

3. Table 2.4.4 shows that the average daily number of beds on wards for patients with learning disabilities in NHS facilities has fallen from 39,500 in 1986 to 13,000 in 1996–97. The decrease is mainly due to the closure of long stay beds. Beds in private nursing homes and in staffed residential care for adults (excluding small homes) have almost doubled in the ten year period; at December 1986 there were 22,300 places compared with 43,900 in March 1997. Residential places for children have declined from about 3,000 in December 1986 to 1,500 in March 1997.



## CARE OF PATIENTS UNDER A MENTAL ILLNESS CONSULTANT

4. There has been a decrease in the number of in-patients under the care of mental illness specialists at the end of the year from 60,000 in 1986 to less than 35,000 at 31 March 1996 again due mainly to large falls in the number of long stay patients (Table 2.4.5). There has nevertheless been an increase in the number of short stay episodes of in-patient care; there were 116,000 discharges in 1986 with a stay of under one month compared to an estimated 142,000 in 1996–97 (Table 2.4.6). Most patients discharged after a length of stay of less than a year return to their usual place of residence (an estimated 87 per cent of those aged under 65 and 74 per cent of those aged 65 and over in 1996–97); about 9 per cent of those aged 65 and over went to other NHS Trusts and 7 per cent to local authority homes or other non-NHS institutions (Table 2.4.7). Patients discharged after being in hospital for a year or more (estimated to be 2,600 in 1996–97) are less likely to return to their usual place of residence. Of patients under 65, 46 per cent returned home, 27 per cent went to another NHS provider and 10 per cent went to local authority homes or other non-NHS institutions. Of those aged 65 and over, a third returned to their usual residence, 40 per cent went to another NHS Trust and 18 per cent went to a local authority home or other non-NHS institution.

5. There has been a fall in the average daily number of beds for mentally ill patients in NHS facilities from 72,400 in 1986 to 38,800 in 1996–97 (Table 2.4.8), mainly attributable to the fall in long stay facilities. Over the same period the number of beds in private nursing homes and hospitals increased from 3,200 to 28,500; most of this increase was in places for elderly or mentally ill patients. Between December 1986 and March 1996, the number of places in staffed residential care (excluding small homes) for adults doubled from 12,000 to 24,000; between March 1996 and March 1997 an additional 10,200 places were recorded bringing the total number of staffed residential places to 34,250. This was due to a large increase in the number of available places recorded in private residential care homes (from 13,800 in March 1996 to 22,100 in March 1997); this was mainly due to two local authorities reclassifying a number of their homes previously identified as primarily catering for the elderly client group to homes catering primarily for the elderly mentally ill client group. The number of places in the affected homes in 1996–97 was just over 8,000. In addition a change in the method of data collection in 1996–97 may also have had an effect on these figures.

Table 2.4.1

## PATIENTS UNDER THE CARE OF A MENTAL HANDICAP CONSULTANT AT 31 MARCH BY DURATION OF STAY: 1986, 1992 TO 1996: ENGLAND

*(Estimated numbers and rates per 100,000 population)*

<i>Duration of stay</i>	<i>1986</i>	<i>1992</i>	<i>1993</i>	<i>1994</i>	<i>1995</i>	<i>1996</i>
<b>Number of patients<sup>(1)</sup></b>						
ALL DURATIONS	34,200	19,600	16,000	13,900	11,400	10,500
Under 1 year	2,700	2,800	2,500	2,400	2,200	2,000
1 to 2 years	1,300	1,100	1,700	1,600	1,200	1,100
2 to 3 years	1,100	800	1,000	1,200	1,000	600
3 to 5 years	1,700	1,300	1,400	1,300	1,000	900
5 years and over	27,400	13,600	9,400	7,400	6,100	6,000
<b>Rates per 100,000 population</b>						
ALL DURATIONS	72	41	33	29	23	21
Under 1 year	6	6	5	5	5	4
1 to 2 years	3	2	4	3	2	2
2 to 3 years	2	2	2	2	2	1
3 to 5 years	4	3	3	3	2	2
5 years and over	58	28	19	15	13	12

**Footnotes:**

(1) Figures for 1992 to 1996 have been estimated from the number of unfinished consultant episodes at 31 March. They are estimates based on data obtained directly from RHAs and are not directly comparable with figures for earlier years. Data for 1986 were estimated from a base year of 1971 and updated annually.

(2) This table replicates Table C5.1 in HC297 as data relating to March 1997 are not available.

Table 2.4.2

ESTIMATED DISCHARGES OF LEARNING DISABLED PATIENTS FROM NHS FACILITIES  
BY DURATION OF STAY: 1986 AND 1991-92 TO 1996-97<sup>1</sup>: ENGLAND

*(Numbers and percentages)*

<i>Duration of stay</i>	<i>1986</i>	<i>1991-92</i>	<i>1992-93</i>	<i>1993-94</i>	<i>1994-95</i>	<i>1995-96</i>	<i>1996-97<sup>2</sup></i>
ALL DURATIONS	41,240	51,130	54,620	53,400	54,810	53,680	54,200
Under 1 week	23,890	33,010	37,240	38,730	40,420	39,940	41,100
1 week	12,270	12,290	11,230	10,600	10,780	10,190	9,800
1 month	1,180	1,320	1,220	1,080	1,110	1,010	1,200
3 months	970	910	1,030	860	800	740	800
1 year	310	290	490	370	330	360	300
2 years	430	590	530	380	370	440	300
5 years	460	310	520	230	180	140	100
10 years +	1,740	2,410	2,370	1,140	720	820	700
<i>Percentages<sup>(3)</sup></i>							
ALL DURATIONS	100	100	100	100	100	100	100
Under 1 week	58	65	68	73	74	74	76
1 week	30	24	21	20	20	19	18
1 month	3	3	2	2	2	2	2
3 months	2	2	2	2	1	1	2
1 year	1	1	1	1	1	1	0
2 years	1	1	1	1	1	1	1
5 years	1	1	1	0	0	0	0
10 years +	4	5	4	2	1	2	1

## Footnotes:

(1) Data for 1986 relate to the calendar year and are taken from the Mental Health Enquiry. The Enquiry was replaced in April 1987 by the Hospital Episodes Statistics (HES) system. Figures for 1991-92 onwards are derived from HES and relate to financial years. Since 1991-92, the data relate to discharges from the care of individual providers (Trust or Directly Managed Unit); they include transfers to other NHS providers.

(2) Estimates for 1996-97 are provisional and are based on returns from 5 regional office areas.

(3) Percentages have been calculated using unrounded figures.

Table 2.4.3

ESTIMATED DISCHARGES FROM LEARNING DISABLED PATIENTS FROM NHS  
FACILITIES BY AGE, LENGTH OF STAY AND DESTINATION 1991-92 AND 1996-97:  
ENGLAND

*(Number and percentages)*

<i>Intended discharge destination</i>	<i>1991-92</i>		<i>1996-97<sup>(1)</sup></i>	
	<i>length of stay less than 1 year</i>	<i>length of stay of one year or more</i>	<i>length of stay less than 1 year</i>	<i>length of stay of one year or more</i>
<i>Aged under 65</i>				
NUMBER	46,980	2,900	52,300	1,100
Percentage				
Usual residence <sup>(3)</sup>	97	34	98	33
Temporary residence	0	6	0	1
Other NHS provider <sup>(4)</sup>	1	34	1	33
LA residential	0	8	0	5
Non NHS institution <sup>(5)</sup>	0	14	0	20
Other and not known <sup>(6)</sup>	0	4	1	9



<i>Intended discharge destination</i>	<i>(Number and percentages)</i>			
	<i>1991-92</i>		<i>1996-97<sup>(1)</sup></i>	
	<i>length of stay less than 1 year</i>	<i>length of stay of one year or more</i>	<i>length of stay less than 1 year</i>	<i>length of stay of one year or more</i>
<i>Aged 65 or over</i>				
NUMBER	550	690	500	300
Percentage <sup>(2)</sup>				
Usual residence <sup>(3)</sup>	75	35	73	20
Temporary residence	1	3	0	0
Other NHS provider <sup>(4)</sup>	19	32	18	45
LA residential	0	6	1	8
Non NHS institution <sup>(5)</sup>	2	17	5	23
Other and not known <sup>(6)</sup>	3	8	3	4

**Footnotes:**

(1) Estimates for 1996-97 are provisional and are based on returns from five regional office areas.

(2) Percentages relate to intended discharge of patients as recorded in patients' notes and are based on unrounded data.

(3) Usual residence excludes the other categories listed in this table. It includes private dwellings whether owner occupied or rented and sheltered accommodation but not residential or nursing care. It includes patients with no fixed abode.

(4) Other NHS Trust hospitals or NHS run nursing homes.

(5) Independent residential or nursing care homes and private hospitals.

(6) Prison, special hospital, not known.

**Table 2.4.4**

**HOSPITAL BEDS AND PLACES IN RESIDENTIAL AND NURSING CARE HOMES FOR  
PEOPLE WITH LEARNING DISABILITIES: 1986 AND 1992-93 TO 1996-97: ENGLAND**

<i>(Numbers)</i>						
	<i>1986</i>	<i>1992-93</i>	<i>1993-94</i>	<i>1994-95</i>	<i>1995-96</i>	<i>1996-97</i>
<b>TOTAL BEDS/PLACES (excluding unstaffed)</b>	64,690	57,920	59,460	59,210	61,630	65,760
<b>Average daily number of available beds in NHS facilities</b>	39,490	18,520	16,270	13,210	12,680	13,040
For children    short stay	—	200	250	240	220	290
long stay	—	210	170	160	150	110
For other ages    secure units	—	300	290	330	330	420
short stay	—	1,250	1,320	1,410	1,630	1,350
long stay	—	16,560	14,250	11,060	10,350	7,440
Residential Places <sup>(1)</sup>	—	—	—	—	—	3,430
<b>Beds in private nursing homes, hospitals and clinics<sup>(2)</sup></b>	930	2,850	3,100	3,200	3,320	3,360
Children	240	50	110	100	70	60
Other ages	690	2,800	2,990	3,100	3,250	3,300
<b>Places in staffed residential homes for adults<sup>(2), (3)</sup></b>	21,330	34,450	35,010	36,290	38,170	40,500
Local authority	11,860	10,890	10,120	9,670	9,340	8,190
Voluntary	4,480	12,510	13,000	13,940	14,650	15,070
Private	4,990	11,040	11,890	12,680	14,190	17,230

	<i>(Numbers)</i>					
	1986	1992-93	1993-94	1994-95	1995-96	1996-97
<b>Places in staffed residential homes for children<sup>(2), (4)</sup></b>	2,940	2,110	2,000	1,760	1,770	1,480
Local authority	2,200	1,610	1,490	1,260	1,240	950
Voluntary	560	370	360	340	430	310
Private	180	130	140	160	100	220
<b>Places in small registered residential homes (&lt; 4 places)<sup>(2), (5)</sup></b>	—	—	3,080	4,760	5,700	7,380
Voluntary	—	—	700	890	1,210	—
Private	—	—	2,380	3,870	4,490	—
<b>Places in local authority unstaffed (group) homes<sup>(2)</sup></b>	1,840	3,000	2,560	2,650	2,650	2,990

*Footnotes:*

(1) NHS residential facilities were recorded for the first time in 1996-97. Some of these beds may previously have been recorded under other headings.

(2) Data relate to 31 March except 1986 which refers to 31 December.

(3) Excludes nursing care places in dual registered homes.

(4) Registered residential care homes and Local Authority Part III homes.

(5) Breakdown into Voluntary and Private sectors no longer available.

**Table 2.4.5**

**PATIENTS UNDER THE CARE OF A MENTAL ILLNESS CONSULTANT AT  
31 MARCH BY DURATION OF STAY: 1986, 1992 TO 1996: ENGLAND**

*(Estimated numbers and rates per 100,000 population)*

<i>Duration of stay</i>	1986	1992	1993	1994	1995	1996
<b>Number of patients<sup>(1)</sup></b>						
<b>ALL DURATIONS</b>	60,300	45,100	39,500	36,400	34,800	34,600
Under 1 year	26,000	25,500	22,200	22,400	20,800	22,500
1 to 2 years	6,600	4,200	4,600	4,200	4,300	3,000
2 to 3 years	3,600	2,900	2,800	2,100	2,500	2,500
3 to 5 years	4,600	4,400	3,500	2,400	2,400	2,400
5 years and over	19,700	8,200	6,400	5,400	4,700	4,100
<b>Rates per 100,000 population</b>						
<b>ALL DURATIONS</b>	128	94	82	75	71	71
Under 1 year	55	53	46	46	43	46
1 year	14	9	10	9	9	6
2 years	8	6	6	4	5	5
3 years	10	9	7	5	5	5
5 years and over	42	17	13	11	10	8

*Footnotes:*

(1) Figures for 1992 to 1996 have been estimated from the number of unfinished consultant episodes at 31 March. They are estimates based on data obtained directly from RHAs and are not directly comparable with figures for earlier years. Data for 1986 were estimated from a base year of 1971 and updated annually.

(2) This table replicates Table C5.5 in HC297 as data relating to March 1997 are not available.



Table 2.4.6

## ESTIMATED DISCHARGES OF MENTAL ILLNESS PATIENTS FROM NHS FACILITIES BY DURATION OF STAY: 1986 AND 1991-92 TO 1996-97: ENGLAND

(Numbers and percentages)

<i>Duration of stay</i>	<i>1986<sup>(1)</sup></i>	<i>1991-92</i>	<i>1992-93</i>	<i>1993-94</i>	<i>1994-95</i>	<i>1995-96</i>	<i>1996-97<sup>(2)</sup></i>
ALL DURATIONS <sup>(3)</sup>	188,420	202,260	211,170	212,670	211,800	214,100	213,000
Under 1 week	33,660	40,120	43,670	46,030	46,520	46,350	47,900
1 week	82,210	90,480	95,060	95,700	93,760	93,970	94,200
1 month	50,250	50,860	51,990	51,860	52,020	51,820	51,300
3 months	16,790	16,050	16,040	16,110	16,580	17,040	16,900
1 year	2,260	1,750	1,680	1,430	1,340	1,570	1,400
2 years	1,330	1,370	1,170	770	800	960	800
5 years	640	520	540	290	270	290	200
10 years +	1,210	1,110	980	480	430	520	200
<i>Percentages<sup>(4)</sup></i>							
ALL DURATIONS	100	100	100	100	100	100	100
Under 1 week	18	20	21	22	22	22	22
1 week	44	45	45	45	44	44	44
1 month	27	25	25	24	25	24	24
3 months	9	8	8	8	8	8	8
1 year	1	1	1	1	1	1	1
2 years	1	1	1	0	0	0	0
5 years	0	0	0	0	0	0	0
10 years +	1	1	1	0	0	0	0

*Footnotes:*

(1) Data for 1986 relate to the calendar year and are taken from the Mental Health Enquiry. The Enquiry was replaced in April 1987 by the Hospital Episodes Statistics (HES) system. Figures for 1991-92 onwards are derived from HES and relate to financial years. Since 1991-92, the data relate to discharges from the care of individual providers (Trust or Directly Managed Unit); they include transfers to other NHS providers.

(2) Estimates for 1996-97 are provisional and are based on returns from five regional office areas.

(3) Total includes those episodes where the duration of stay is not known.

(4) Percentages have been calculated using unrounded figures.

Table 2.4.7

## ESTIMATED DISCHARGES OF MENTAL ILLNESS PATIENTS FROM NHS FACILITIES BY AGE, LENGTH OF STAY AND DESTINATION: 1991-92 AND 1996-97: ENGLAND

(Number and percentages)

<i>Intended discharge destination</i>	<i>1991-92</i>		<i>1996-97<sup>(1)</sup></i>	
	<i>length of stay less than one year</i>	<i>length of stay of one year or more</i>	<i>length of stay less than one year</i>	<i>length of stay of one year or more</i>
<i>Aged under 65</i>				
NUMBER	131,300	2,270	136,700	1,700
Percentage breakdown <sup>2</sup>				
Usual residence <sup>3</sup>	88	43	87	46
Temporary residence	3	7	4	6
Other NHS provider <sup>4</sup>	5	26	5	27
LA residential	1	10	0	5
Non NHS institution <sup>5</sup>	1	12	1	5
Other and not known <sup>6</sup>	1	2	3	11

<i>(Number and percentages)</i>				
<i>Intended discharge destination</i>	<i>1991-92</i>		<i>1996-97<sup>(1)</sup></i>	
	<i>length of stay less than one year</i>	<i>length of stay of one year or more</i>	<i>length of stay less than one year</i>	<i>length of stay of one year or more</i>
<i>Aged 65 or over</i>				
NUMBER	66,200	2,480	73,600	900
Percentage breakdown <sup>2</sup>				
Usual residence <sup>3</sup>	78	21	74	34
Temporary residence	3	4	3	4
Other NHS provider <sup>4</sup>	7	39	9	40
LA residential	4	11	2	6
Non NHS institution <sup>5</sup>	7	22	5	12
Other and not known <sup>6</sup>	1	3	7	4

**Footnotes:**

- (1) Estimates for 1996-97 are provisional and are based on returns from five regional offices.  
 (2) Percentages relate to intended discharge of patients as recorded in patients' notes and are based on unrounded data.  
 (3) Usual residence excludes the other categories listed in this table. It includes private dwellings whether owner occupied or rented and sheltered accommodation but not residential or nursing care. It includes patients with no fixed abode.  
 (4) Other NHS Trust hospitals or NHS run nursing homes.  
 (5) Independent residential or nursing care homes and private hospitals.  
 (6) Prison, special hospital, not known.

**Table 2.4.8**

**HOSPITAL BEDS AND PLACES IN RESIDENTIAL AND NURSING CARE HOMES FOR  
PEOPLE WITH MENTAL ILLNESS 1986 AND 1992-93 TO 1996-97: ENGLAND**

<i>(numbers)</i>						
	<i>1986</i>	<i>1992-93</i>	<i>1993-94</i>	<i>1994-95</i>	<i>1995-96</i>	<i>1996-97</i>
<b>TOTAL BEDS/PLACES<sup>1</sup></b> (excluding unstaffed)	87,560	85,380	87,400	89,810	92,860	104,230
<b>Average daily number of available beds in NHS facilities</b>	72,400	47,310	43,530	41,830	39,480	38,780
For children short stay	—	580	530	500	470	430
For children long stay	—	60	80	60	110	110
For elderly short stay	—	5,770	6,240	6,390	6,390	7,370
For elderly long stay	—	13,660	12,110	10,760	9,330	8,230
For other ages secure units	—	930	1,030	1,080	1,370	1,580
For other ages short stay	—	15,300	14,680	15,210	15,080	14,500
For other ages long stay	—	11,000	8,870	7,830	6,730	5,410
<b>Residential Facilities<sup>2</sup></b>	—	—	—	—	—	1,160
<b>Beds in private nursing homes, hospitals and clinics<sup>3</sup></b>	3,170	16,950	21,080	24,190	27,450	28,510
Children	40	10	130	50	90	60
Elderly	1,280	12,400	16,330	19,330	22,140	21,450
Other ages	1,840	4,540	4,620	4,810	5,210	6,990
<b>Places in staffed residential homes for adults<sup>(1), (3) (4)</sup></b>	12,000	21,130	21,650	22,180	24,030	34,250
Local authority	5,560	5,350	5,080	4,750	4,690	4,910
Voluntary	2,330	4,940	5,000	5,190	5,570	7,280
Private	4,100	10,840	11,570	12,250	13,770	22,060



<b>Places in small registered residential homes (&lt; 4 places)<sup>(5)</sup></b>	—	—	1,130	1,610	1,910	2,690
Voluntary	—	—	170	190	220	—
Private	—	—	960	1,420	1,700	—
<b>Places in local authority unstaffed (group) homes<sup>(3)</sup></b>	1,960	1,840	1,700	1,680	1,660	1,840

*Footnotes:*

- (1) Discontinuity in data due to reclassification of some Elderly homes as homes for Elderly Mentally Ill patients.  
(2) NHS residential facilities were recorded for the first time in 1996–97. Some of these beds may previously have been recorded under other headings.  
(3) Data relate to 31 March except 1986 which refers to 31 December.  
(4) Excludes nursing care places in dual registered homes.  
(5) Breakdown into Voluntary and Private sectors no longer available.

*2.4b Would the Department provide a table showing:*

- (i) number of people sectioned, by HA;
- (ii) number of people sectioned in proportion to HA population;
- (iii) number of people sectioned in proportion to number of admissions;
- (iv) proportion of people who appeal against being sectioned and the outcome of the appeals.

**NUMBER OF PEOPLE SECTIONED**

1. It is not possible to produce legitimate figures on the numbers of people sectioned by HA. Data on uses of the Mental Health Act 1983 are collected from NHS trusts providing care for patients who are “sectioned”. The data are provided on the aggregate return for each trust and cannot be disaggregated by site or unit. The catchment area of trusts with headquarters within a particular Health Authority (HA) does not necessarily equate to the HA boundaries; trusts with geographically dispersed sites, those serving metropolitan areas or those providing secure facilities may serve a different or wider population than the HA within which they have their headquarters. To aggregate the trust data to HA level would not provide meaningful data. Detailed data are published at Trust level in the publication “Inpatients formally detained in hospitals under the Mental Health Act 1983 and other legislation: NHS trusts, high security hospitals and private facilities: 1996–97”. The attached Table 2.4.9 presents information on the number of admissions to NHS facilities (trusts and high security hospitals) where the patient was detained under the Mental Health Act 1983 at admission and the number of occasions a patient already in hospital as an informal patient was placed under detention. Table 2.4.10 shows similar information for private mental nursing homes in each HA area (these data are collated by HAs for return to the Department). There may be double counting of patients where a patient has been detained more than once in the year.

**NUMBER OF PEOPLE IN PROPORTION TO ADMISSIONS**

2. In England, in 1996–97, there were 24,200 formal admissions to hospital (including high security hospitals and private hospitals) under the Act and a further 17,400 changes from informal status to detention where patients were already in hospital. A patient subject to more than one period of detention under the Act during the year will be counted in these figures each time they are admitted to hospital under detention or have a change from informal status while in hospital so it is not possible to determine the number of people sectioned. About 9 per cent of all admissions under psychiatric specialties in NHS hospitals in 1996–97 were formal admissions.

**APPEALS**

3. Patients detained under the Mental Health Act have a right to have their case reviewed by a Mental Health Review Tribunal. In England in the calendar year ending 31 December 1997, 14,942 applications/referrals for Mental Health Review Tribunals were received; subsequently many of these applications will have been withdrawn, the patient discharged by the responsible medical officer prior to the hearing or the hearings will have been adjourned. During 1997, 7,473 tribunals were held. While each patient record holds details of the outcome of their tribunal hearing, these data are not collected centrally and a manual search over four sites to identify the 15,000 applications last year would take up to six months to complete. However, in April this year the Department of Health introduced a new information technology system into the Mental Health Review Tribunal Secretariat offices and it is expected that this will yield some relevant information relating to calendar year 1999 which could be made available for the Committee's Inquiry in 2000.

Table 2.4.9

ADMISSIONS TO NHS FACILITIES UNDER THE MHA 1983 AND CHANGES FROM  
INFORMAL TO DETAINED STATUS WHILE IN HOSPITAL: 1996-97, ENGLAND<sup>(1)</sup>

	Numbers	
	<i>Admitted to hospital under Section</i>	<i>Subject to section after admission<sup>(2)</sup></i>
<b>England</b>	23,186	17,620
<b>Northern and Yorkshire</b>	2,895	2,183
Airedale	36	77
Bradford Community Health	209	75
Calderdale Healthcare	48	36
Community Healthcare: N Durham	73	76
Dewsbury Health Care	44	49
East Yorkshire Community Healthcare	100	58
Gateshead Healthcare	65	74
Harrogate Healthcare	68	76
Hartlepool and East Durham	79	44
Huddersfield	135	86
Hull and Holderness Community Health	204	109
Leeds Community and Mental Health Services	409	280
Newcastle City Health	276	264
North Lakeland Healthcare	57	56
North Tees Health	92	25
North Tyneside Health Care	13	12
Northallerton Health Services	44	37
Northgate and Prudhoe	26	3
Northumberland Mental Health	70	71
Priority Healthcare Wearside	95	96
Scarborough and North East Yorks	51	57
South Durham	136	72
South Tees Community and Mental Health	241	59
South Tyneside Health Care	58	42
The Royal Victoria Infirmary	5	2
United Leeds Teachings Hospitals	20	—
Wakefield and Pontefract Community Health	114	138
West Cumbria Health Care	51	47
York Health Services	76	162
<b>Trent</b>	1,902	1,652
Barnsley Community and Priority Services	50	50
Bassetlaw Hospital and Community Health Services	35	31
Central Nottinghamshire	92	88
Chesterfield and North Derbyshire Hospitals	75	78
CHS Southern Derbyshire	1	—
Doncaster Healthcare	111	173
Fosse Health, Leicestershire Community	11	2
Leicestershire Mental Health Service	459	313
Lincoln District Healthcare	101	76
Mulberry	—	—
North Derbyshire Community Healthcare	38	14
North East Lincolnshire	69	30
Nottingham Healthcare	249	175
Nottingham University Hospital	5	4
Rotherham Priority Health Services	113	112
South Lincolnshire Community and Mental Health	89	79
Scunthorpe Community Health	46	69
Sheffield Community Health	172	208
Southern Derbyshire Mental Health	186	150
<b>Anglia and Oxford</b>	2,038	1,749
Addenbrooke's	193	103
Allington	3	1
Anglian Harbours	78	67
Aylesbury Vale Community Healthcare	41	40
Bedford and Shires Health and Care	111	24
East Berks (PWLD)	3	—



	Numbers	
	<i>Admitted to hospital under Section</i>	<i>Subject to section after admission<sup>(2)</sup></i>
East Suffolk Local Services	98	96
Heatherwood and Wexham Park Hospitals	168	51
Hinchingbrooke Healthcare	23	15
James Paget Hospital	1	—
Kings Lynn and Wisbech Hospital	54	62
Lifespan Healthcare	4	4
Mid Anglia Community Health	95	49
Milton Keynes Community Health	75	46
Norfolk Mental Health Care	182	259
North West Anglia Health Care	52	113
Northampton Community Healthcare	85	112
Norwich Community Health	7	3
Oxford Learning Disability	3	1
Oxfordshire Mental Healthcare	184	261
Rockingham Forest	65	54
South Bedfordshire Community Healthcare	146	278
South Buckinghamshire	100	45
Stoke Mandeville Hospital	4	—
West Berkshire Priority Care Services	263	65
<b>North Thames</b>	<b>5,073</b>	<b>2,806</b>
Barnet Healthcare	195	126
BHB Community Healthcare	121	104
Camden and Islington Community Health	802	132
City and Hackney Community Services	210	212
East Hertfordshire	20	58
Enfield Community Care	167	88
Essex and Herts Community	131	76
Forest Healthcare	63	26
Haringey Health Care	253	242
Harrow and Hillingdon Healthcare	119	52
Horizon	22	19
Hounslow and Spelthorne Community and Mental Health	115	70
Mid Essex Community and Mental Health	68	70
North East Essex Mental Health	112	106
New Possibilities	4	3
Newham Community Health Services	129	59
North Hertfordshire	51	49
North West London Mental Health	385	172
Parkside Health	131	81
Redbridge Health Care	183	123
Riverside Mental Health	532	255
Southend Community Care Services	222	82
Thameside Community Healthcare	72	33
The Hillingdon Hospital	157	82
The Royal Free Hampstead Hospital	135	95
Tower Hamlets Healthcare	136	132
University College London Hospital	9	8
West Herts Community	141	101
West London Healthcare	388	150
<b>South Thames</b>	<b>3,711</b>	<b>2,879</b>
Bournewood Community and Mental Health Services	66	89
Canterbury and Thanet Community	157	140
Chichester Priority Care Services	97	93
Crawley Horsham	83	11
East Surrey Priority Care	89	57
Eastbourne and County Healthcare	104	71
Hastings and Rother	129	45
Heathlands Mental Health Services	209	70
Kingston and District Community	138	41
Lambeth Health Care	246	189
Lewisham and Guys Mental Health	259	323
Lifecare	—	—
Maidstone Priority Care	46	44

	Numbers	
	<i>Admitted to hospital under Section</i>	<i>Subject to section after admission<sup>(2)</sup></i>
Merton and Sutton Community	2	—
Mid Kent Healthcare	1	—
Mid Sussex	22	24
North Kent Healthcare	85	79
Oxleas	234	207
Pathfinder	403	186
Ravensbourne	71	80
Richmond, Twickenham and Roehampton	290	154
Royal Surrey County Hospital	—	1
South Downs Health	189	63
South Kent Community Healthcare	78	136
St Helier's	59	40
Surrey Heartlands	48	58
Thameslink Healthcare Services	149	50
The Bethlem and Maudsley	291	510
Wandsworth Community Health	—	—
Weald Of Kent Community	84	73
Worthing Priority Care Services	82	45
<b>South and West</b>	<b>2,622</b>	<b>1,996</b>
Avalon, Somerset	223	202
Bath Mental Health Care	182	79
Cornwall Healthcare	174	149
Dorset Community	60	47
Dorset Healthcare	235	174
East Gloucestershire	69	60
East Wiltshire Health Care	41	68
Exeter and District Community Health Services	185	106
Frenchay Healthcare	78	35
Isle Of Wight Community Healthcare	38	30
North Hampshire, Loddon Community	77	66
Northern Devon Healthcare	1	79
Phoenix	6	1
Plymouth Community Services	156	79
Portsmouth Healthcare	222	132
Portsmouth Hospitals	1	—
Salisbury Health Care	88	77
Severn	161	112
South Devon Healthcare	137	97
Southampton Community Health Services	148	78
Southmead Health Services	84	79
The United Bristol Healthcare	150	110
Trecare	7	1
Weston Area Health	38	54
Winchester and Eastleigh Healthcare	61	81
<b>West Midlands</b>	<b>2,118</b>	<b>1,552</b>
Birmingham Children's Hospital	1	1
Black Country Mental Health	24	14
Coventry Healthcare	137	99
Dudley Priority Health	76	97
Herefordshire Community Health	47	61
Kidderminster Healthcare	37	30
North Staffs Combined Healthcare	168	106
North Warwickshire	80	35
Northern Birmingham Mental Health	386	209
Premier Health	101	31
Rugby	26	12
Shropshire's Mental Health	217	134
Solihull Healthcare	62	33
South Birmingham Mental Health	240	276
South Warwickshire Healthcare	1	—
South Warwickshire Mental Health Services	61	63
The Foundation	107	62
Walsall Community Health	111	86



	Numbers	
	<i>Admitted to hospital under Section</i>	<i>Subject to section after admission<sup>(2)</sup></i>
Walsall Hospitals	3	2
Wolverhampton Health Care	126	94
Worcester Royal Infirmary	73	62
Worcestershire Community Healthcare	34	45
<b>North West</b>	<b>2,718</b>	<b>2,803</b>
Aintree Hospitals	155	123
Blackburn, Hyndburn and Ribble Valley Healthcare	9	97
Blackpool Wyre and Fylde Community	110	116
Bolton Hospitals	127	182
Burnley Healthcare	135	110
Bury Health Care	65	52
Calderstones	11	2
Central Manchester Healthcare	121	49
Cheshire Community Healthcare	1	—
Chorley and South Ribble	87	93
East Cheshire	69	61
Guild Community Healthcare	79	30
Halton General Hospital	1	—
Lancaster Priority Services	93	73
Ment Health Services of Salford	148	113
North Manchester Healthcare	41	99
North Mersey Community	98	287
Oldham	69	115
Rochdale Healthcare	51	57
South Cumbria Community and Mental Health	87	35
South Manchester University Hospital	111	152
Southport and Formby Community Health Services	31	37
Southport and Formby Hospital Services	—	2
St Helens and Knowsley Community Health	5	—
St Helens and Knowsley Hospitals	114	129
Stockport Healthcare	208	114
Tameside and Glossop Community	113	119
The Mid Cheshire Hospitals	91	110
Trafford Healthcare	81	68
Warrington Community Healthcare	117	77
West Cheshire	53	56
West Lancashire	14	45
Wigan and Leigh Health Services	115	92
Wirral Community Healthcare	108	108
<b>High Security Hospitals</b>	<b>109</b>	<b>—</b>
Ashworth Hospital Authority	24	—
Broadmoor Hospital Authority	33	—
Rampton Hospital Authority	52	—

*Footnotes:*

1. The table only includes trusts that had detained patients during the year.
2. Includes all changes from informal status to detention under the Act, and detentions where the patient was initially brought to hospital under Section 136 (Place of Safety Order).

Table 2.4.10

ADMISSIONS TO PRIVATE FACILITIES UNDER THE MHA 1983 AND CHANGES FROM  
INFORMAL TO DETAINED STATUS WHILE IN HOSPITAL: 1996-97: ENGLAND<sup>(1)</sup>

	Numbers	
	<i>Admitted to hospital under Section</i>	<i>Subject to section after admission<sup>(2)</sup></i>
<b>Private facilities by RO and HA area</b>	1,005	400
<b>England</b>		
<b>Northern and Yorkshire</b>	84	8
County Durham	8	2
Leeds	1	1
Newcastle and North Tyneside	3	—
Northumberland	1	—
Tees	1	—
North Yorkshire	69	5
Calderdale and Kirklees	1	—
<b>Trent</b>	1	—
Lincolnshire	1	—
<b>Anglia and Oxford</b>	144	36
Berkshire	20	3
Cambridge and Huntingdon	21	—
East Norfolk	19	—
Northamptonshire	66	31
Suffolk	18	2
<b>North Thames</b>	442	201
Kensington, Chelsea and Westminster	241	76
Enfield and Haringey	91	77
Barking and Havering	4	13
Brent and Harrow	40	8
Ealing, Hammersmith and Hounslow	29	22
North Essex	36	4
West Hertfordshire	1	1
<b>South Thames</b>	176	96
Bromley	62	46
West Kent	23	8
Merton, Sutton and Wandsworth	45	29
East Surrey	2	—
West Surrey	17	12
East Sussex, Brighton and Hove	27	1
<b>South and West</b>	69	25
Southampton and South West Hampshire	31	16
South and West Devon	6	—
Wiltshire	—	1
Avon	11	7
Cornwall and Isles Of Scilly	6	—
Dorset	8	1
North and East Devon	3	—
Gloucestershire	4	—
<b>West Midlands</b>	9	1
Birmingham	9	1



	Numbers	
	<i>Admitted to hospital under Section</i>	<i>Subject to section after admission<sup>(2)</sup></i>
<b>North and West</b>	80	33
Salford and Trafford	31	19
Stockport	14	14
North Cheshire	13	—
South Cheshire	11	—
East Lancashire	7	—
Wigan and Bolton	2	—
Wirral	2	—

*Footnotes:*

1. The table only includes health authorities in which there were private mental nursing homes that had detained patients during the year.

2. Includes all changes from informal status to detention under the Act, and detentions where the patient was initially brought to hospital under Section 136 (Place of Safety Order).

2.4c *Could the Department provide a table showing, over the last four years, the numbers of people with mental health problems and with learning disabilities who have been in special hospitals, prisons and regional secure units?*

#### HIGH SECURITY HOSPITALS

1. Table 2.4.11 shows the total number of patients in the high security hospitals at 31 December in each of the last four years and the number of these patients who were classified as having a learning disability. Patients with learning disabilities may also have mental health problems.

**Table 2.4.11**

**NUMBER OF PATIENTS IN HIGH SECURITY HOSPITALS AND NUMBER OF THESE PATIENTS CLASSIFIED AS HAVING A LEARNING DISABILITY, 1994–1997**

	<i>Number of patients at 31 December</i>	<i>Number of these patients classified as having a learning disability</i>
1994	1,446	142
1995	1,390	143
1996	1,370	133
1997	1,350	129

#### PRISONS

2. The health of prisoners is the responsibility of the Directorate of Health Care of the Prison Service. However, the Department of Health has commissioned, with the support of the Prison Service, a comprehensive survey of the incidence of mental health problems in the prison population. A report on the survey will be published later this year.

#### REGIONAL SECURE UNITS

3. It is not possible to determine, from data collected centrally by the Department, the type of unit or ward in which in-patients are being treated so it is not possible to give figures on the numbers treated in regional secure units.

#### 2.5 *Payments to Voluntary Organisations*

*How much has the Department allocated to voluntary organisations each year for the past five years?*

1. The Department's expenditure is not recorded according to the status of the recipient and accounts records are not in a form which allows the reliable extraction of the information requested. Manual data extraction has identified payments for voluntary organisations in the last five years, which are shown in the Table 2.5.1.

2. Table 2.5.2 provides a breakdown of the allocations to voluntary organisations from 1993–94 to 1997–98.

Table 2.5.1

## PAYMENTS TO VOLUNTARY ORGANISATIONS, 1993-94 TO 1997-98

	<i>£ million</i>
1993-94	51.8
1994-95	54.8
1995-96	56.8
1996-97	65.4
1997-98	63.9

*Footnotes:*

1. These figures exclude amounts paid through other organisations (including the NHS).
2. The figures shown in Table 2.5.1 do not match those quoted in Annex H and Figure 3.1 of the Departmental Report (Cm 3912). This is because Annex H and Figure 3.1 show the initial allocation for voluntary organisations which was identified for Budget Estimate purposes. The figures provided in Table 2.5.1 allow for in-year additions, and reflect the estimated outturn for 1997-98. Certain elements of funding which were originally allocated at Budget Estimate for work on health promotion and social care issues have been paid to voluntary organisations.

Table 2.5.2

## ALLOCATIONS TO VOLUNTARY ORGANISATIONS, 1993-94 TO 1997-98

	<i>£million (cash)</i>				
	<i>1993-94</i>	<i>1994-95</i>	<i>1995-96</i>	<i>1996-97</i>	<i>1997-98</i>
<b>VOTE 1</b>					
Hospital Chaplains	0.154	0.158	0.163	0.162	0.162
NHS Retirement Fellowship	0.061	0.031	0.032	0.030	0.027
NHS Pensioners Trust			0.005	0.025	0.025
Kings Fund	0.639	0.665	0.697	0.687	0.618
<b>VOTE 2</b>					
Family Support	0.500	0.500			
Out of School	0.500	0.500			
Child Care Circles	0.100	0.200			
Parenting		0.100	0.200		
Refocusing Initiative				0.800	0.300
HP5A Payments	0.423	0.410	0.304	0.305	0.280
Contraceptive Education Services				1.056	0.994
Coronary Heart Disease				0.161	0.161
Training Medical Staff	0.036	0.012	0.031	0.008	0.004
Haemophiliacs with HIV			2.500		3.000
British Healthcare Working Group		0.005	0.005	0.004	0.005
Thalidomide Trust				7.000	
Training for Learning Disability Care	0.236	0.150	0.150	0.150	0.150
Opps for Vol	7.556	7.858	8.952	9.101	9.101
Community Care	0.247	0.120	0.058	0.004	0.012
Family Fund	13.018	17.183	17.955	16.885	18.196
BCODP	0.008	0.008	0.008	0.008	0.008
RADAR	0.023	0.024	0.024	0.024	0.024
UK Disability Database	0.170	0.174	0.148	0.125	0.099
SC2 Payments	1.243	1.295	1.230	1.229	1.312
Domestic Violence	0.049	0.049	0.049	0.049	0.049
Drinkline and Alcohol Concern	2.030	1.176	0.763	1.263	1.313
Services for Addicts	0.162	0.152	0.161	0.170	0.043
AIDS Helpline	2.100	2.100	1.569	1.569	1.569
Targetted HIV Prevention				0.800	1.100
World AIDS Day				0.071	0.071
Funding for African Communities	2.100	2.100	1.569	2.440	3.519
Section 64 Grants	20.437	19.863	20.262	21.317	21.785
<b>TOTAL</b>	<b>51.792</b>	<b>54.833</b>	<b>56.835</b>	<b>65.443</b>	<b>63.927</b>



### 3. PUBLIC HEALTH

#### 3.1 “Our Healthier Nation” Green Paper

3.1a *What are the specific public health targets, how will they be monitored and what are the current baselines? How does the Department intend to monitor local target setting and achievement? How will it make information on local targets available to Parliament?*

#### **Our Healthier Nation (OHN) Targets proposed in the Green Paper**

1. The proposed public health targets published in the Green Paper “Our Healthier Nation”, which are subject to public consultation, are listed below. Depending on the results of the consultation, these may change. A final set of targets will be published in the White Paper, scheduled for the autumn.

##### *Circulatory diseases*

###### OHN target proposed:

To reduce the death rate from heart disease and stroke and related diseases (ie all circulatory diseases combined) among people aged under 65 by at least one third (33 per cent) by the year 2010 from a baseline at 1996.

##### *Cancers*

###### OHN target proposed:

To reduce the death rate from all cancers combined among people aged under 65 by at least one fifth (20 per cent) by the year 2010 from a baseline at 1996.

##### *Suicide and undetermined injury*

###### OHN target proposed:

To reduce the rate of suicide and undetermined injury deaths for all ages by at least one sixth (17 per cent) by the year 2010 from a baseline at 1996.

##### *Accidents*

###### OHN target proposed:

To reduce the rate of occurrence of “major” accidents (defined as those accidents requiring medical attention at a hospital or by a family doctor) for all people aged 2 and above by at least one fifth (20 per cent) by the year 2010 from a baseline at 1996.

#### **Technical Notes to accompany target specifications**

##### *Baseline year:*

Mortality targets: the average of the European age standardised rates for the three years 1995, 1996 and 1997. NB 1997 data will not be available until later in 1998.

Major accident target: the average of the major accident rates for the years 1995 and 1996.

##### *Sources of data:*

Mortality targets: Office for National Statistics (ONS) mortality statistics from death registrations. Mortality rates are age standardised to allow for changes in the age structure of the population (using the European standard population as defined by the WHO).

Major accident target: Estimated major accident rates from the Health Survey for England.

Definitions:

Heart Disease and Stroke and related conditions—includes *all* circulatory diseases—International Classification of Diseases (ICD) codes 390-459 inclusive.

Cancer—all malignant neoplasms—ICD codes 140-208 inclusive.

Suicide—suicide and undetermined injury—ICD codes (E950-E959) plus (E980-E989) minus E988.8.

Accidents—a “major” accident is one which is sufficiently severe to require medical attention either in hospital or from a family doctor. Respondents to the Health Survey for England are asked if they had had one or more major accident in the 6 months prior to interview. For children aged 2–15, an adult is asked to respond on their behalf.

Monitoring and reporting of targets

2. The specific public health targets referred to above will be monitored using available national data. If the targets proposed in the Green Paper are adopted as the final targets, then they will be monitored using the data sources listed above. Further advice on monitoring progress and measuring improvements in health will be provided by the expert members of the Chief Medical Officer’s *Our Healthier Nation* Working Group.

Current baselines for the targets

3. The final data to be used in White Paper will be for 1995–97 (for the mortality targets covering circulatory diseases, cancers and suicide) and 1995–96 (for major accident morbidity). 1997 mortality data will not be available until later in 1998.

4. The current available data relate to 1994–96 (for mortality) and 1995–96 (for major accident morbidity), and the current estimates for the national baselines are shown in Table 3.1a.

Table 3.1a

AGE STANDARDISED RATES FOR OUR HEALTHIER NATION INDICATORS  
ENGLAND, 1994–96 / 1995–96<sup>(1)</sup>

<i>Indicators for monitoring suggested OHN targets</i>	Mortality Rates per 100,000 population
	Accident Rate per 100 persons
Circulatory Diseases mortality rate (aged under 65)	66.1
All Cancers mortality rate (aged under 65)	81.2
Suicide and undetermined injury mortality rate (all ages)	9.2
Major accident rate per 100 persons (aged 2 and over)	20.0

Footnotes:

1. The data for mortality rates are the average of the European age standardised rates for the three years 1994, 1995 and 1996. The major accident rate is the average of the major accident rates for the years 1995 and 1996.

2. The sources of the data are:  
Mortality rates: Office for National Statistics (ONS) mortality statistics from death registrations. Mortality rates are age standardised to allow for changes in the age structure of the population (using the European standard population as defined by the WHO).

Major accident rate: Estimated major accident rates from the Health Survey for England.

Local Targets

5. The Green Paper raises questions on local target setting and monitoring for consultation, and no decisions on how this is to be done have yet been taken. The Department should be in a position to report to the Committee on this next year, following the publication of the “Our Healthier Nation” White Paper.



3.1b Does the Government intend to estimate the costs to other Departments of implementing the proposals in *Our Healthier Nation*?

1. *Our Healthier Nation* is to be the Government's health strategy, and as such, will be supported co-operatively by the spending plans of a range of Government Departments. The contracts suggested in *Our Healthier Nation* illustrate the range of activity at Government, local and individual level which affects health. These show how the policies of other Government Departments can have a beneficial effect on health eg the Integrated Transport Policy which will reduce congestion and pollution, reduce accidents and help to build a more inclusive society.

2. Health Impact Assessments on relevant Government policies will seek to ensure that policies do not damage health, and that if they have an impact on health, it will be a beneficial one.

3.1c Could the Department provide information about former *Health of the Nation* key areas which have been set as local targets and give the baseline performance figures for the new *Health Action Zones*?

1. The Department did not require detailed reports on the 27 *Health of the Nation* targets set in the five key areas for every health authority—it was for the Regional Offices to agree suitable targets with the health authorities in their regions, and to monitor these on a regular basis, as part of their general performance monitoring responsibilities. For some targets, monitoring data are not available at local level. The Department has concentrated on monitoring the targets at national level (and it is this information which has been reported to the Committee in recent years).

2. Some data at local level for the proposed *Our Healthier Nation* mortality targets (ie those referring to circulatory diseases, cancers and suicide) are available to the Department, and it is planned that these will be issued to the NHS within the 1998 Public Health Common Data Set. At present, however, no local level data on accident morbidity are available. The Department is currently using accident mortality rates as a proxy for the proposed accident morbidity target. The following table shows the latest available baseline data for the health authority areas which most closely approximate to the new *Health Action Zones*.

Table 3.1c

AGE STANDARDISED MORTALITY RATES FOR OUR HEALTHIER NATION  
INDICATORS, 1994–96

Health Authority <sup>(1)</sup>	Rates per 100,000 population	
	Circulatory Diseases aged under 65	All Cancers aged under 65
ENGLAND	66.13	81.22
Barnsley	84.28	98.67
Bedfordshire	60.36	74.19
Bradford	80.85	82.67
Doncaster	71.45	88.19
East London & City	96.31	95.27
Gateshead & South Tyneside	80.79	98.90
Lambeth, Southwark, Lewisham	81.56	88.63
Manchester	116.96	114.63
Newcastle & North Tyneside	79.33	102.36
North Cumbria	70.02	81.60
Northumberland	69.61	80.64
Rotherham	82.91	88.10
Salford & Trafford	82.27	95.20
Sandwell	98.57	99.02
South & West Devon	58.85	81.17
Sunderland	81.72	94.20

Footnotes:

1. England and Health Authorities which are, or include, or are included within, first wave *Health Action Zones*. Bedfordshire HA includes the Luton HAZ, and South & West Devon HA includes the Plymouth HAZ—data for these OHN indicators are not available on HAZ boundaries.

2. The data were calculated directly by the National Institute of Epidemiology, University of Surrey, and are unpublished.

Table 3.1c (continued)

AGE STANDARDISED MORTALITY RATES FOR OUR HEALTHIER NATION  
INDICATORS, 1994–96

Health Authority <sup>(1)</sup>	Rates per 100,000 population	
	Suicide & Undetermined Injury all ages	
ENGLAND	9.21	
Barnsley	10.36	
Bedfordshire	8.29	
Bradford	9.17	
Doncaster	10.36	
East London & City	9.37	
Gateshead & South Tyneside	12.07	
Lambeth, Southwark, Lewisham	12.24	
Manchester	14.98	
Newcastle & North Tyneside	11.37	
North Cumbria	11.09	
Northumberland	9.30	
Rotherham	7.42	
Salford & Trafford	9.84	
Sandwell	8.26	
South & West Devon	10.47	
Sunderland	9.56	

Footnotes:

- 1. England and Health Authorities which are, or include, or are included within, first wave Health Action Zones. Bedfordshire HA includes the Luton HAZ, and South & West Devon HA includes the Plymouth HAZ—data for these OHN indicators are not available on HAZ boundaries.
- 2. The source of the data is the Public Health Common Data Set 1997.

Table 3.1c (continued)

AGE STANDARDISED MORTALITY RATES FOR OUR HEALTHIER NATION  
INDICATORS, 1994–96

Health Authority <sup>(1)</sup>	Rates per 100,000 population <sup>(2)</sup>		
	Accidents under age 15	Accidents aged 15–24	Accidents aged 65 and over
ENGLAND	4.43	17.29	52.83
Barnsley	5.49	16.38	37.60
Bedfordshire	4.42	20.09	66.12
Bradford	12.07	13.64	64.79
Doncaster	7.41	18.32	66.30
East London & City	3.95	10.87	48.53
Gateshead & South Tyneside	3.31	12.10	77.03
Lambeth, Southwark, Lewisham	3.49	8.03	51.33
Manchester	5.08	19.68	65.67
Newcastle & North Tyneside	5.89	9.92	65.81
North Cumbria	9.92	33.60	72.19
Northumberland	6.38	16.73	68.14
Rotherham	4.60	15.79	24.73
Salford & Trafford	4.52	14.49	50.08
Sandwell	6.17	10.39	72.74
South & West Devon	1.25	17.59	47.90
Sunderland	6.66	11.28	68.95

Footnotes:

- 1. England and Health Authorities which are, or include, or are included within, first wave Health Action Zones. Bedfordshire HA includes the Luton HAZ, and South & West Devon HA includes the Plymouth HAZ—data for these OHN indicators are not available on HAZ boundaries.
- 2. Mortality rates from accidents are used as a proxy for Our Healthier Nation indicators, as data on morbidity are not currently available at local level. The indicators above are used for monitoring the former Health of the Nation targets for accident mortality.
- 3. The source of the data is the Public Health Common Data Set 1997.



## 4.1 HCHS CURRENT RESOURCES

*Could the Department provide tables showing Health Authority gross expenditure on HCHS by service sector and age group for the latest year for which data are available?*

1. The latest year for which data are available is 1995–96 since the allocation of specialty and age to patients is reliant on patient level data from the Hospital Episode (HES) system. The introduction to question 4.12 describes the problems with the HES system in more detail.

2. Just under half of all expenditure is in the *acute* sector reflecting the high level of demand pressure arising from emergency care and elective admissions. This pressure is prevalent across all age groups but particularly in the age groups 0–4, 45–64 and 65–74, where 60 per cent of expenditure is on *acute* care.

3. Services aimed specifically, or mainly, at the *elderly* account for 11 per cent of total HCHS expenditure. However, those aged 65 and over account for 41 per cent of total expenditure despite accounting for only 16 per cent of the population. The discrepancy between expenditure on services for the *elderly* and services used by elderly patients can be explained by looking at the significant proportions of resources being used by this age group in other sectors, particularly the *mental health* (39 per cent) and *acute* (42 per cent) sectors.

4. Forty per cent of *mental health* expenditure goes on the age group 16–44, with a further 20 per cent spent on those aged 45–64. About two thirds of all spending on those with *learning disabilities* occurred in the age range 5–44, with 14 per cent on those aged 5–15.

5. A quarter of all expenditure for *other community* was spent on the under 5's. A large component of *other community* is Professional Advice and Support, which covers Health Visiting, a significant part of whose work involves visiting young children in their home environment. A third of all expenditure in the 5–15 age group was included in this sector.

Table 4.1.1

## HCHS EXPENDITURE BY SECTOR AND AGE GROUP 1995–96

Service Sector	Age (years)								TOTAL
	All Births	0–4	5–15	16–44	45–64	65–74	75–84	85+	
Acute	—	1,037	571	2,517	2,619	2,147	1,888	841	11,620
Elderly	—	18	37	187	220	489	998	709	2,658
Mental Health	—	4	36	958	524	370	437	182	2,511
Other	90	114	76	401	353	302	325	166	1,828
Other Community	56	429	460	427	156	86	111	66	1,792
Learning Disability	—	42	156	609	261	57	25	7	1,158
Maternity	1,010	—	—	—	—	—	—	—	1,010
DHA & RHA Administration	51	73	59	226	184	153	168	88	1,002
TOTAL	1,208	1,716	1,396	5,326	4,317	3,604	3,952	2,059	23,579

*Footnotes:*

1. In calculating expenditure by age it has been assumed that **all** expenditure in Maternity is spent on the baby. No allocation, from the total, have been allocated to the costs incurred by the mother (eg hotel costs, complications etc).

2. DHA and RHA Administration, which include areas such as Health Promotion, have been allocated in proportion to the spend already known within the relevant age groups.

3. Expenditure on those under 65 occurs in the *elderly* sector; due to the allocation of General Community Patient Care (which includes District Nursing) and chiropody to this sector. Both of these initially provided services aimed at the elderly although their role has now become more widespread across different age groups.

## 4.2 CAPITAL RESOURCES (FORMERLY A1)

*Could the Department provide a table showing planned capital spending from 1997–98 to 1998–99?*

1. Table 4.2.1 provides details of NHS planned capital spending from 1997–98 to 1998–99.

**Table 4.2.1**  
NHS CAPITAL SPENDING 1997–98 TO 1998–99

	£ million	
	<i>Forecast Outturn</i> 1997–98	<i>Plan</i> 1998–99
Hospital and Community Health Services		
—Government spending	1,086	1,178
percentage real growth		5.4%
—Receipts from land sales <sup>(1)</sup>	436	349
percentage real growth		– 22.2%
—PFI investment <sup>(1)</sup>	58	313
percentage real growth		424.4%
Total HCHS Capital	1,580	1,840
percentage real growth		13.2%
—Other NHS spending <sup>(2)</sup>	21	16
percentage real growth		– 26.2%
TOTAL	1,601	1,856
—percentage real growth		12.7%

*Footnotes:*

1. Estimated.
2. Central Health and Miscellaneous Services and Departmental Administration.
3. Figures may not sum due to rounding.

## 4.3 FHS CURRENT RESOURCES

*Could the Department provide a table showing gross expenditure on Family Health Services (including spending by GP fundholders on drugs) in 1996–97? What fundholder surpluses have been used for capital development in primary care? Could the Department provide information on the provision and payment of GP premises, including the 'notional' rent scheme?*

**Family Health Services Expenditure**

1. Table 4.3.1 shows FHS Gross Expenditure in 1996–97.

**Table 4.3.1**  
FAMILY HEALTH SERVICES GROSS EXPENDITURE, 1996–97

	£ million
<i>Service</i>	<i>Gross Expenditure</i>
Non-Cash limited General Medical Services	2,073
Non-Cash limited Drugs	2,014
Cash Limited Drugs (GP Fundholders)	1,794
General Dental Services	1,323
Cash limited General Medical Services	800
Dispensing Costs	746
General Ophthalmic Services	237
TOTAL	8,987



### Fundholder Surpluses and Capital Expenditure

2. Table 4.3.2 shows General Practitioner Fundholder surpluses used for capital development in Primary Care in 1996–97 and 1997–98.

**Table 4.3.2**

**GP FUNDHOLDER SURPLUSES USED FOR CAPITAL DEVELOPMENT IN PRIMARY CARE, 1996–97 AND 1997–98**

<i>ENGLAND</i>	<i>£ million</i>	
	<i>1996–97</i>	<i>1997–98</i>
Expenditure	39	53

**Footnotes:**

1. Figures for 1996–97 include GPFH Savings spent on, Premises Improvements for GMS, Computers to support GMS and Computers to support GPFH.
2. Figures for 1997–98 include GPFH Savings spent on, Premises and Equipment.
3. The source of data is FIS(FHS)4 part C for 1996–97 and part D for 1997–98. Figures for 1997–98 are provisional.

### Payments to General Practitioners for GMS Practice Premises

3. The Statement of Fees and Allowances (SFA) sets out the arrangements by which payments are made to general practitioners for the general medical services they make available to their patients. What follows is a brief description of the arrangements which assist GPs towards the cost of providing practice premises under the Rent and Rates scheme (SFA paragraph 51) and the Improvement Grant scheme (SFA paragraph 56).

#### *Rented Premises*

4. Under SFA paragraph 51, doctors who rent practice premises for the provision of GMS including those who occupy health centres, are reimbursed the actual rent charged by the landlord or the current market rent (CMR) as assessed by the District Valuer (DV), whichever is the lesser. The CMR is the rent which the DV considers might reasonably be expected to be paid for the premises concerned at the valuation date and is normally reviewed 3-yearly. This assessment is made in the light of knowledge of the area and rents charged for similar properties to that under consideration. In making the assessment, the DV will have regard to the terms of the standard lease in SFA paragraph 51 Schedule 4. While landlords may carry out upward only rent reviews, CMR assessments are based on the general nature of the GP property market in the area. This means that CMR assessments may go down as well as up.

5. In the past, some GPs have rented “shell” property from private sector landlords which the doctors have had converted into practice premises for the delivery of GMS. However, there is now an increasing interest by the private sector in providing purpose built premises either for sole occupation by GPs or in joint occupancy arrangements with other primary care providers. The Department is finalising guidance to be issued to Health Authorities on this type of NHS-private sector partnership which will also provide advice to GPs and private sector developers. As with any occupancy agreement, GPs should obtain legal and other professional advice before entering into this type of long term personal commitment, particularly where this will involve multiple occupancy arrangements.

#### *Owner-Occupied Premises*

6. SFA paragraph 51 also embraces the Cost Rent Scheme which assists GPs who borrow money to build new or carry out substantial work on existing practice premises. Instead of a CMR, cost rent reimbursement provides payments towards the cost of servicing the loan. While the scheme is usually accessed by owner occupier GPs, the scheme is also available to GPs who rent premises. There are three categories of project that qualify for Cost Rent and in each case the premises may be main or branch surgeries. The categories are:

- (i) Newly erected purposes-built premises
- (ii) Premises acquired for substantial alteration
- (iii) Existing premises which are to be substantially altered.

“Substantial alteration” must involve structural work either by extending the premises or by internal modification of the building.

7. The cost rent a doctor receives is linked to the cost of the capital borrowed. Cost rent reimbursement levels will be “fixed” or “variable” normally reflective of the bank interest rates attached to the loan. These “prescribed percentages” are set using Bank of England rates plus a margin for administrative costs. In this way, cost rent payments assist GPs in their borrowing costs and are not varied to reflect any changes in the value of the property.

### *Calculation of Cost Rent*

8. There are several complex formulae to take account of varying circumstances which include new premises to be owned by the practice, new premises rented from a third party, premises bought for substantial modification, substantial modification of existing premises owned by the practice and so on. They all attempt to assess reasonable land and building cost in terms of a minimum investment for GPs and it is assumed that GPs will borrow the capital required to undertake the project. To this land and building cost is applied the prescribed percentage—a figure set by the Department based on prevailing interest rates. The resulting amount, or one based on the cost rent Schedule cost limits whichever is the less, produces the annual cost rent payable to the GP. Having raised the capital and built the surgery, the land and building belong to the practice with GPs responsible for ongoing repair and maintenance and disposal of their interest in the property.

### *The Cost Rent Schedule*

9. The Schedule sets maxima on the size of premises and associated building costs used to calculate the level of reimbursement available under the scheme. To the building costs are added professional fees, planning consent charges, VAT actually incurred etc. Cost limits control the amount taken into account within the cost rent calculation for building costs. To the national cost limits set by the Department, HAS apply Building Cost Location Factors published in SFA 51 Schedule 3 to reflect local building costs. GPs who contain their cost rent commitments within the maxima of the scheduled cost limits effectively receive an interest-free loan or, at least, a subsidised interest rate on the capital actually or notionally raised for the project.

### *Notional Rent*

10. GPs in receipt of Cost Rent reimbursement, may opt at any time to receive a notional rent based on Current Market Rent for the property, again assessed by the District Valuer. This provides GPs with a payment set at a level reflective of a rent that might be charged for similar property in the area. Payments do not include an element for VAT which might be levied in normal landlord-tenant rents. GPs in receipt of cost rent are unable to resume those payments when they exercise their option to receive notional rent payments. Notional rent payments are also normally reviewed on a 3-yearly basis to reflect the current market rent for similar GP property in the area. The scheme also allows for payments to be reviewed when GPs carry out any additional capital work on their premises.

### *Improvement Grant Scheme*

11. The Improvement Grant Scheme provides a contribution towards the capital cost of improvements to practice premises. In the main, grants will be awarded for existing practice premises but the scheme allows premises not previously used for GMS to be considered. HAS have discretion to approve grants of between 33 per cent and 66 per cent (up to 90 per cent in the London Implementation Zone) of the cost of improvements in accordance with the provisions of the SFA. Examples of projects which might be carried out under the scheme include the provision of additional rooms, (eg a suitable room for minor surgery or practice manager) enlargement of existing rooms, additional or improved washing toilet facilities, improved access for the disabled, improved lighting, heating and ventilation, provision of car parking, double glazing and security systems.

### *Expenditure*

12. Tables 4.3.3 and 4.3.4 show non-cash limited spend and cash-limited spend on GMS Premises for 1995–96 to 1997–98.

**Table 4.3.3**

NON-CASH LIMITED SPEND ON GMS PREMISES (ENGLAND), 1995–96 TO 1997–98

	£ million		
<i>Non-cash limited spend</i>	<i>1995–96</i>	<i>1996–97</i>	<i>1997–98</i>
Actual Rents—Other	23	23	19
Actual Rents—Health Centres	N-A	N-A	18
Notional Rents	49	56	68
Rates, water-sewerage	55	64	71
<b>TOTAL</b>	<b>127</b>	<b>143</b>	<b>176</b>



**Footnotes:**

1. All figures are to the nearest £ million.
2. The data is based on unaudited estimates for the 90 former FHSAs up until 1995–96. As of 1996–97 FHSAs merged to become HAS.
3. 1997–98 actual rent data was split to include Health Centres and \*Other spend lines
4. Source of data is the FIS(FHS)4 Part B.

**Table 4.3.4****CASH LIMITED SPEND ON GMS PREMISES (ENGLAND), 1995–96 TO 1997–98**

	<i>£ million</i>		
<i>Cash limited spend</i>	<i>1995–96</i>	<i>1996–97</i>	<i>1997–98</i>
Improvement Grants—Other	39	29	22
Improvement Grants—Health Centres	N-A	N-A	7
LA Economic Rents	1	1	*
Cost Rents	95	96	95
<b>TOTAL</b>	<b>135</b>	<b>126</b>	<b>124</b>

**Footnotes:**

1. All figures are to the nearest £ million.
2. The data is based on unaudited estimates for the 90 former FHSAs until 1995–96. From 1996–97 FHSAs merged to become Health authorities.
3. The figure for Cost Rents excludes GP Fundholder savings spend.
4. LA economic rents were previously only separately identifiable from cost rents as of 1994–95. The actual LA rents figures from 1994–95 to 1996–97 are 1,260–1,280–1,251 (£000s)
- (5) \*Cost rents and LA Economic rents data merged for 1997–98 returns as part of the NHS Efficiency Scrutiny.
- (6) Improvement Grants data for 1997–98 returns are split to include Health Centres and other data lines.

**4.4 INFLATION**

*Can the Department provide a breakdown of the components of the health specific inflation indices for revenue spending on HCHS and FHS respectively, together with capital spending on HCHS, for 1995–96 and 1996–97, together with estimates for 1997–98? The tables for the HCHS should show separate inflation indices for Review Body staff and non-Review Body staff pay, and whatever other breakdowns of staff are available.*

1. Information on the components of the HCHS and FHS service inflation indices is given below. Differences in methodology and presentation of these indices reflect the differences between the services to which they refer.

**HCHS Pay and Price Inflation**

2. Increases in the cost of goods and services, ie the non-pay components of inflation, are measured by the Health Service Cost Index (HSCI). The HSCI weights together price increases for a broad range of items used by the health service—for example, drugs, medical equipment, fuel, telephone charges—using weights derived from expenditure on these various goods and services reported in financial returns.

3. Pay inflation is calculated using increases in expenditure across certain staff groups. Following the introduction of new occupation codes for NHS staff, in April 1995, causing a data discontinuity, it is no longer possible to calculate robust measures of pay inflation for review body and non-review body staff separately.

4. Table 4.4.1 gives details of the pay and non-pay components used in calculating HCHS pay and price inflation.

**Table 4.4.1****INFLATION FOR SPECIFIC ITEMS OF HCHS REVENUE EXPENDITURE**

	<i>1995–96</i>	<i>1996–97</i>	<i>1997–98</i>
	<i>%</i>	<i>%</i>	<i>%</i>
Total staff pay	4.4	3.3	n/a
Prices	3.2	1.5	2.0
HCHS Total	4.0	2.8	n/a

**HCHS Capital Inflation Index**

5. The inflation index for HCHS capital spending is shown in Table 4.4.2. It is a weighted average of construction prices across the public sector and the GDP deflator. The recent increase is thought to be partly attributable to increased demand for construction across the economy.

Table 4.4.2

## INFLATION FOR HCHS CAPITAL SPENDING

	1995-96	1996-97	1997-98
	%	%	%
Inflation on capital	4.5	3.2	4.7

## Components of the FHS Inflation Index

6. The components of the family health service (FHS) inflation index are set out in Table 4.4.3. For general medical service (GMS) and general dental service (GDS), service specific inflation is calculated as the increase year on year in the average cost per practitioner. For both services the changes in unit costs include volume and quality effects (eg increased practice staff numbers or the provision of a changing range of services) as well as pure price effects. For the pharmaceutical service (Phs) and general ophthalmic service (GOS), service inflation is assumed equal to movements in the GDP deflator. GP fundholders' expenditure on drugs has been included in the calculations. GMS cash limited expenditure has not been included in the calculations.

Table 4.4.3

## COMPONENTS OF THE FHS INFLATION INDEX—ENGLAND

	1995-96	1996-97	1997-98
	%	%	% (provisional)
GMS	2.9	4.9	5.0
GDS	0.9	1.2	0.4
PhS	2.8	2.9	2.7
GOS	2.8	2.9	2.7
FHS TOTAL	2.5	3.1	2.9

## Footnotes:

1. The small difference in service inflation figures for 1995-96 and 1996-97 from those included in last year's table is due to changes in the GDP deflator for these years.
2. Figures for 1997-98 are based on provisional outturn data.

## 4.5 HCHS HA ALLOCATIONS AND DISTANCE FROM TARGETS

*Can the Department provide a table showing 1998-99 Distances from Targets (DFT) in cash and percentage terms and the percentage growth increases for each HA? Can the Department include a commentary explaining the key factors that determined those percentage growth increases shown in the table?*

*Can the Department provide a table showing for each health authority allocations for resident populations for 1997-98 (cash) and 1998-99 (cash and at 1997-98 prices)?*

1. Table 4.5.1 shows 1998-99 Health Authority Distances From Target (DFT) and percentage growth allocations. Figures are as the 1998-99 allocations announcement made on 29 October 1997. The growth figures are therefore as calculated using the GDP deflator at the time of 2.75 per cent.

2. In deciding 1998-99 main allocations, there was a need to balance two objectives: the desire to maintain continuity and stability in the service, and the desire to move HAs progressively closer to equity as represented by weighted capitation targets.

3. For 1998-99, all Health Authorities:

- (a) received a minimum 1.35 per cent real terms increase on their recurrent baselines regardless of their distance from target (DFT). This allows all HAs to focus on maintaining financial stability and make progress on a range of national priorities;
- (b) which were at target or no more than 3 per cent above target received a real terms increase on their weighted capitation target between 1.35 per cent and 1.9 per cent. This avoids volatility and recognises the margin of uncertainty in the formula;
- (c) at or below target received a real terms increase of between 1.9 per cent and 2.65 per cent calculated on their monetary DFT;
- (d) received a further 2.75 per cent (the forecast increase in the GDP deflator at the time) on their resulting allocations uplifting them to 1998-99 levels.

4. The overall real terms increase in HA allocations was 1.9 per cent. This was the largest real terms increase for five years.



Table 4.5.1

## 1998–99 HEALTH AUTHORITY ALLOCATIONS—DISTANCES FROM TARGETS AND GROWTH IN GENERAL ALLOCATIONS

(£000s/percentages)

<i>Health Authorities</i>	<i>Distance from Target (post Growth) £000s</i>	<i>Distance from Target (post Growth) %</i>	<i>Growth %</i>
Avon	1,720	0.40	1.89
Barking and Havering	1,660	0.88	1.88
Barnet	8,333	5.66	1.35
Barnsley	–6,088	–5.24	2.65
Bedfordshire	–8,397	–3.61	2.40
Berkshire	–12,355	–3.83	2.43
Bexley and Greenwich	13,209	6.30	1.35
Birmingham	–165	–0.03	1.90
Bradford	–7,528	–3.18	2.34
Brent and Harrow	15,686	7.02	1.35
Bromley	2,062	1.55	1.68
Buckinghamshire	–2,276	–0.86	2.00
Bury and Rochdale	–5,816	–3.07	2.32
Calderdale and Kirklees	–2,621	–0.95	2.02
Cambridge and Huntingdon	–3,614	–2.08	2.18
Camden and Islington	15,494	6.56	1.35
Cornwall and Isles of Scilly	410	0.18	1.90
County Durham	–10,393	–3.36	2.36
Coventry	–4,955	–3.36	2.36
Croydon	17	0.01	1.90
Doncaster	–5,037	–3.50	2.38
Dorset	8,501	2.66	1.35
Dudley	–1,521	–1.12	2.04
Ealing, Hammersmith and Hounslow	11,284	3.24	1.35
East and North Hertfordshire	3,186	1.58	1.67
East Kent	–693	–0.24	1.92
East Lancashire	–7,207	–2.77	2.28
East London and the City	–16,068	–4.20	2.49
East Norfolk	–1,639	–0.60	1.97
East Riding	–5,446	–2.04	2.17
East Surrey	7,197	4.09	1.35
East Sussex, Brighton and Hove	3,958	1.07	1.86
Enfield and Haringey	3,803	1.55	1.68
Gateshead and South Tyneside	–1,497	–0.79	1.99
Gloucestershire	7,708	3.28	1.35
Herefordshire	393	0.55	1.89
Hillingdon	179	0.15	1.90
Isle of Wight	5,407	8.64	1.35
Kensington, Chelsea and Westminster	–11,480	–5.13	2.63
Kingston and Richmond	9,988	6.81	1.35
Lambeth, Southwark and Lewisham	1,499	0.34	1.89
Leeds	–5,231	–1.52	2.10
Leicestershire	–13,432	–3.42	2.37
Lincolnshire	–360	–0.13	1.90
Liverpool	612	0.24	1.90
Manchester	5,013	2.04	1.50
Merton, Sutton and Wandsworth	15,223	4.96	1.35
Morecambe Bay	6,669	4.60	1.35
Newcastle and North Tyneside	–1,059	–0.42	1.94
North and East Devon	4,970	2.30	1.40
North and Mid Hampshire	6,626	3.17	1.35
North Cheshire	5,838	4.00	1.35
North Cumbria	–249	–0.17	1.91
North Derbyshire	329	0.20	1.90
North Essex	–8,593	–2.27	2.20
North Nottinghamshire	–4,691	–2.61	2.25

<i>Health Authorities</i>	<i>Distance from Target (post Growth) £000s</i>	<i>Distance from Target (post Growth) %</i>	<i>Growth %</i>
North Staffordshire	-6,157	-2.70	2.27
North West Anglia	-5,046	-2.73	2.27
North West Lancashire	-9,296	-3.81	2.43
North Yorkshire	40	0.01	1.90
Northamptonshire	1,085	0.43	1.89
Northumberland	-915	-0.64	1.97
Nottingham	-10,487	-3.53	2.39
Oxfordshire	-4,833	-2.02	2.17
Portsmouth and South East Hampshire	2,037	0.85	1.88
Redbridge and Waltham Forest	9,808	4.43	1.35
Rotherham	-3,746	-3.03	2.32
Salford and Trafford	-2,105	-0.93	2.01
Sandwell	-1,285	-0.87	2.01
Sefton	1,361	0.94	1.88
Sheffield	4,190	1.57	1.68
Shropshire	-2,145	-1.19	2.05
Solihull	1,553	1.89	1.56
Somerset	1,476	0.70	1.89
South and West Devon	3,033	1.09	1.86
South Cheshire	948	0.32	1.89
South Derbyshire	-2,514	-1.01	2.03
South Essex	-9,292	-2.97	2.31
South Humber	4,178	2.96	1.35
South Lancashire	4,314	3.22	1.35
South Staffordshire	1,362	0.57	1.89
Southampton and South West Hampshire	-209	-0.09	1.90
St. Helen's and Knowsley	-4,463	-2.68	2.26
Stockport	-4,820	-3.68	2.41
Suffolk	7,332	2.68	1.35
Sunderland	-4,597	-3.02	2.31
Tees	-7,819	-2.82	2.28
Wakefield	2,485	1.66	1.64
Walsall	-4,844	-3.87	2.44
Warwickshire	7,918	3.76	1.35
West Hertfordshire	6,118	2.67	1.35
West Kent	6,779	1.70	1.63
West Pennine	-8,940	-3.81	2.43
West Surrey	14,279	5.49	1.35
West Sussex	-812	-0.24	1.92
Wigan and Bolton	-13,922	-4.85	2.59
Wiltshire	8,856	3.65	1.35
Wirral	-2,500	-1.50	2.10
Wolverhampton	-2,095	-1.74	2.13
Worcestershire	5,129	2.36	1.38

*Footnotes:*

1. Percentage growth is calculated on the 1998-99 baselines and not on 1997-98 allocations as shown in Table 4.5.2.

2. All figures are as the 1998-99 allocations announcement made on 29 October 1997. The growth figures are therefore as calculated using the GDP deflator at the time of 2.75 per cent.

**Table 4.5.2**

**HEALTH AUTHORITY GENERAL ALLOCATIONS FOR RESIDENT POPULATIONS  
1997-98 AND 1998-99**

<i>Health Authorities</i>	<i>1997-98 Allocation for Resident Population</i>	<i>1998-99 Allocation for Resident Population</i>	<i>£000s 1998-99 Allocation at 1997-98 Prices</i>
Avon	408,707	429,674	417,564
Barking and Havering	181,175	190,213	184,853
Barnet	149,109	155,454	151,073



<i>Health Authorities</i>	<i>£000s</i>		
	<i>1997-98 Allocation for Resident Population</i>	<i>1998-99 Allocation for Resident Population</i>	<i>1998-99 Allocation at 1997-98 Prices</i>
Barnsley	104,683	110,005	106,905
Bedfordshire	213,010	224,367	218,044
Berkshire	294,632	310,601	301,848
Bexley and Greenwich	213,554	222,784	216,506
Birmingham	481,774	506,138	491,874
Bradford	217,448	229,200	222,741
Brent and Harrow	229,086	239,173	232,432
Bromley	129,407	134,830	131,030
Buckinghamshire	251,192	263,789	256,355
Bury and Rochdale	174,954	183,925	178,741
Calderdale and Kirklees	259,169	272,948	265,255
Cambridge and Huntingdon	161,504	170,382	165,580
Camden and Islington	241,007	251,800	244,704
Cornwall and Isles of Scilly	216,395	227,525	221,113
County Durham	282,889	298,927	290,502
Coventry	135,236	142,724	138,701
Croydon	145,879	152,812	148,505
Doncaster	131,878	138,789	134,878
Dorset	313,504	327,559	318,328
Dudley	128,245	134,546	130,754
Ealing, Hammersmith and Hounslow	344,927	359,671	349,534
East and North Hertfordshire	196,036	205,436	199,646
East Kent	275,413	289,217	281,066
East Lancashire	240,684	253,100	245,967
East London and the City	347,996	366,867	356,528
East Norfolk	257,945	270,403	262,782
East Riding	248,581	261,793	254,415
East Surrey	175,354	182,949	177,793
East Sussex, Brighton and Hove	355,711	372,547	362,048
Enfield and Haringey	237,173	248,639	241,631
Gateshead and South Tyneside	178,359	187,624	182,336
Gloucestershire	232,438	242,648	235,809
Herefordshire	68,590	72,096	70,064
Hillingdon	112,479	118,252	114,919
Isle of Wight	65,091	67,949	66,034
Kensington, Chelsea and Westminster	201,166	212,220	206,239
Kingston and Richmond	149,891	156,580	152,168
Lambeth, Southwark and Lewisham	420,598	442,521	430,049
Leeds	322,368	339,927	330,347
Leicestershire	359,545	378,967	368,287
Lincolnshire	266,305	278,608	270,756
Liverpool	243,040	253,814	246,661
Manchester	239,141	250,313	243,258
Merton, Sutton and Wandsworth	309,318	322,343	313,258
Morecambe Bay	145,311	151,742	147,466
Newcastle and North Tyneside	235,385	248,792	241,780
North and East Devon	211,747	221,388	215,149
North and Mid Hampshire	208,774	215,612	209,535
North Cheshire	145,260	151,836	147,557
North Cumbria	137,957	144,729	140,650
North Derbyshire	160,529	167,949	163,215
North Essex	352,298	370,351	359,913
North Nottinghamshire	165,578	174,754	169,829
North Staffordshire	210,721	221,771	215,521
North West Anglia	170,594	180,010	174,937
North West Lancashire	223,101	234,450	227,834
North Yorkshire	303,427	318,712	309,730
Northamptonshire	241,142	252,747	245,624
Northumberland	134,549	141,701	137,708
Nottingham	272,159	286,648	278,570
Oxfordshire	222,902	234,530	227,920
Portsmouth and South East Hampshire	230,617	240,760	233,974

	£000s		
<i>Health Authorities</i>	<i>1997-98 Allocation for Resident Population</i>	<i>1998-99 Allocation for Resident Population</i>	<i>1998-99 Allocation at 1997-98 Prices</i>
Redbridge and Waltham Forest	221,589	231,328	224,809
Rotherham	113,750	119,916	116,537
Salford and Trafford	213,380	224,171	217,853
Sandwell	139,353	146,261	142,139
Sefton	138,073	145,852	141,741
Sheffield	257,187	271,140	263,498
Shropshire	169,555	178,325	173,299
Solihull	80,401	83,831	81,468
Somerset	200,980	210,919	204,974
South and West Devon	267,134	280,719	272,808
South Cheshire	279,089	292,831	284,578
South Derbyshire	234,562	246,395	239,451
South Essex	288,089	303,047	294,506
South Humber	138,964	145,527	141,426
South Lancashire	132,480	138,391	134,491
South Staffordshire	228,820	239,424	232,676
Southampton and South West Hampshire	222,845	235,558	228,919
St. Helen's and Knowsley	153,596	162,218	157,647
Stockport	119,598	126,212	122,655
Suffolk	269,095	280,922	273,005
Sunderland	140,203	147,757	143,593
Tees	255,335	269,175	261,589
Wakefield	145,084	152,248	147,957
Walsall	114,231	120,285	116,895
Warwickshire	209,327	218,459	212,302
West Hertfordshire	225,389	235,060	228,436
West Kent	388,955	406,653	395,192
West Pennine	214,770	225,704	219,343
West Surrey	263,430	274,394	266,661
West Sussex	326,139	342,161	332,518
Wigan and Bolton	258,518	273,219	265,519
Wiltshire	241,066	251,545	244,456
Wirral	154,953	163,688	159,075
Wolverhampton	112,409	118,036	114,710
Worcestershire	213,455	222,806	216,527
<b>ENGLAND TOTAL</b>	<b>21,816,441</b>	<b>22,895,307</b>	<b>22,250,056</b>

#### 4.6 DEVELOPMENTS IN HCHS ALLOCATIONS

*Can the Department update the Committee on recent developments in the allocation of HCHS resources and provide the timetable for any planned changes?*

##### General Allocations

##### *Changes Implemented:*

1. For 1998-99 HCHS general allocations there have been three main changes to the national weighted capitation formula used to calculate Health Authorities target allocations:

##### *Additional Need*

2. The needs adjustment has been extended from 86 per cent to 100 per cent of expenditure. We have applied the psychiatric needs weightings to services for people with learning disabilities (5 per cent of HCHS expenditure) and weighted expenditure for administration and other hospital services (9 per cent of HCHS expenditure) for need pro rata to all other services.



### *Market Forces Factor*

3. The number of pay zones in the staff market forces factor (MFF) has been reduced from 61 to 50 giving a larger “rest of England” category, as an interim measure, pending further consideration of the staff MFF by the Advisory Committee on Resource Allocation.

### *Emergency Ambulance Cost Adjustment*

4. Following research on the unavoidable costs of providing certain services in rural areas by MHA and Operational Researchers in Health Ltd, a geographical cost adjustment for emergency ambulance services has been introduced.

### **Special Allocations**

5. Weighted capitation formulas were used in 1998–99 for the special allocations for General Medical Services Cash Limited (GMSCL) excluding the “out of hours” development fund, HIV prevention, drug misuse and joint finance.

6. The formulas used in 1998–99 have changed as follows:

- (a) adjustments to the staff MFF in each formula extending the rest of England zone. This follows the change made in the general allocations formula;
- (b) the introduction in the joint finance formula of a needs weighting for services for people with learning difficulties. This follows the change made in the general allocations formula. The weighting used is the HCHS community psychiatric need factor;
- (c) an adjustment to the weightings for the client groups in the joint finance formula, as follows:

	1997–98	1998–99
Elderly	45%	40%
Mental health	30%	40%
Learning disabilities	15%	10%
Others	10%	10%

5. A description of the changes to the formulas that were used in 1998–99 is contained in the booklet *HCHS Revenue Resource Allocation to Health Authorities: Weighted Capitation Formulas—Supplement to 1997 Edition*—Copies were sent to the Committee in April 1998.

### **ACRA**

6. A national, standing Advisory Committee on Resource Allocation (ACRA) was established in September 1997 as the successor body to the Resource Allocation Group. The Committee is looking at how resources are distributed across both secondary and primary care to ensure that these fully reflect local population needs and operate as fairly as possible.

7. The terms of reference for ACRA are:

- (a) to advise the Secretary of State for Health on the distribution of resources across primary and secondary care, in support of the goal of equitable access to healthcare for all;
- (b) to develop and apply methods which are as objective and needs-based as available data and techniques permit.

8. ACRA will complete their work programme, shown below, in September 1998, in time to inform decisions about allocations for 1999–2000:

- (a) Work arising from the White Paper, *The new NHS* on unified budget allocations to PCGs and HAs.
- (b) Further consideration of the staff MFF.
- (c) Updating the age cost curve.
- (d) Investigation of unavoidable additional costs of providing services to ethnically diverse populations.
- (e) Review of the drug misuse formula.

An annual report will be published.

#### 4.7 STEERING GROUP ON HCHS CAPITAL—CPAG (FORMERLY B4)

*Can the Department notify the Committee of progress with the current review of the capital allocation system?*

1. A group is being established to review the allocation of capital resources. The aim of the review is to ensure that access to capital assets through the NHS is equitable and in line with the strategies for future health service provision set out in the *New NHS: modern, dependable* White Paper. The review will take account of the resources available from both public funds and the Private Finance Initiative. Work on the review will start shortly and a report will be published by the end of the year.

2. Improvements have already been made to the process for deciding which major capital schemes in the NHS are given the go-ahead. In December 1997 Ministers announced the formation of the National Health Service Capital Prioritisation Advisory Group (CPAG). Its role is to help Ministers prioritise on a national basis all major NHS capital projects. CPAG considers proposals for both publicly and privately financed schemes with a capital cost over £25 million. Schemes are prioritised on the basis of health service need.

3. CPAG's first prioritisation exercise was held in March this year. Eleven schemes were considered and on 7 April Ministers announced that seven could proceed; six as PFI projects and one financed from public funds. Work is currently under way on the next prioritisation exercise with an announcement by Ministers planned before Christmas. In future it is expected that prioritisation exercises will be held annually in the Autumn with the outcome being made public in December.

#### 4.8 LONG TERM CAPITAL PROJECTS AND PFI (FORMERLY C4)

4.8a *Would the Department provide a table showing all publicly funded capital projects with a total cost above £10 million which are under construction during 1998–99. Could this also show the original and current estimated completion dates along with a percentage figure for any additional time overrun/saving. Likewise, the original total cost and current estimated out-turn cost should be provided along with a percentage cost performance figure?*

*Would the Department provide a commentary on cases where there are significant discrepancies between original estimates of completion dates and/or expenditures and current estimates?*

1. Table 4.8a.1 provides details of all publicly funded long term capital projects with a total cost of over £10 million which are under construction during 1998–99.



**Table 4.8a.1**  
**LONG-TERM CAPITAL PROJECTS OVER £10 MILLION ON SITE IN 1998-99**  
**PROJECTS UNDER CONSTRUCTION**

Project	Institution	Description of Project	Original Estimated Completion Date	Current Estimated Completion Date	% Time Performance	Original Estimated Expenditure	Current Estimated Expenditure	% Cost Performance
Bath Redevelopment	Acute	Redevelopment of surgical facilities	01/11/00	01/04/01	13.90	35.09	35.09	0.00
Harrogate Rationalisation	Acute	Rationalisation of Acute services. Disabled unit for children, ward extension, Pathology & Pharmacy	01/07/99	01/07/99	0.00	40.00	40.07	0.17
Royal Cornwall Treliske	Acute	Centralisation of Acute services. New building on an existing site	01/04/98	29/08/98	7.20	29.51	29.51	0.00
Walton Centre Relocation	Acute	Relocation of Neurology and Neurosurgery facilities	18/05/98	18/05/98	0.00	16.65	16.65	0.00
Warrington Reprovision	Community	Reprovision of mental health services	30/06/98	31/08/98	8.70	17.22	17.22	0.00
Royal Sussex County Hospital	Acute	Provision of clinical, pathology and accident & emergency services in a new building on an existing site	01/07/97	01/07/99	75.40	63.86	64.02	0.25
Bristol Royal Sick Childrens Medway DGH	Acute	Redevelopment of children's hospital	23/03/99	16/06/00	58.18	21.93	25.62	16.81
Homerton Acute Services	Acute	Further development of acute services. Rationalisation on one site	01/08/99	23/11/98	- 15.90	59.37	59.65	0.47
Blackpool Victoria Phase V	Acute	New building on existing site. Extension of A&E, Radiology and Pharmacy	01/08/00	25/02/00	- 10.60	22.48	23.76	5.69
Sunderland Scheme 3	Acute	Further development of acute services, 220 beds	01/05/00	01/09/00	9.10	28.11	28.11	0.00
		Phase 3 of DGH development. Provision of Rehabilitation and out-patient facilities	31/05/99	31/03/00	44.80	19.67	21.61	9.90

## EXPLANATION FOR PROJECTS WITH SIGNIFICANT DIFFERENCES BETWEEN ORIGINAL AND CURRENT ESTIMATE INFORMATION

### 2. Bath Redevelopment

**Time Performance**—The construction start on site was delayed to April 1998, one year later than originally planned. This delay has resulted in a revised completion date of April 2001, which represents a time overrun of 13.9 per cent on the original completion date.

### 3. Royal Cornwall Treliske

**Time Performance**—A five month delay to the original completion date is currently forecast, with completion now expected in August 1998. The Trust report that four months of this delay is due to poor contractor/consultant performance, with a further month due to estimating changes.

### 4. Warrington

**Time Performance**—The estimated completion date slipped because of a delay in awarding the contract due to client variations, plus a predicted 6–8 week slippage in construction works due to inclement weather and ground conditions.

### 5. Royal Sussex County Hospital

**Time Performance**—This project consists of 16 separate building contracts and the resequencing of a number of these has contributed to the overall completion date being delayed by two years. This represents a time overrun of 75.4 per cent on the original completion date.

### 6. Bristol Royal for Sick Children

**Time Performance**—The construction start on site was delayed by three months due to inclement weather and statutory authorities. This, along with a delay in the tender process for the main contract works, has resulted in a delay of 14 months to the original completion date.

**Cost Performance**—A cost overrun of 16.81 per cent is currently forecast, the original estimate of expenditure of £21.93 million increasing to the current estimate of £25.62 million. The majority of this variation is attributed to design changes and external factors.

### 7. Sunderland Scheme 3

**Time Performance**—The construction start on site has been delayed, and is now forecast for June 1998, over ten months later than originally planned. This is due to the Architect, who was acting as lead consultant on this project, having their commission terminated. This delay has resulted in a revised completion date of March 2000, representing a time overrun of 44.8 per cent on the original completion date.

*4.8b Would the Department provide details of PFI projects with a capital value of £10 million or over approved since 1992, including their current status*

1. All projects with a capital value of £10 million or over are shown on the table provided in answer to 4.8c. Two projects over £10 million were shown in table C4.2 (HC 297) last year but are not shown this year. Details of these two projects are provided in table 4.8b.1.



Table 4.8b.1

PROJECTS INCLUDED IN TABLE C4.2 OF HC 297 WHICH ARE NOT INCLUDED IN  
TABLE 4.8c.1 OF THIS YEAR'S EVIDENCE

		£ million
<i>NHS body</i>	<i>Scheme</i>	<i>Capital value shown in Table C4.2 of HC 297</i>
Leeds Community & Mental Health Services NHS Trust <sup>(1)</sup>	Community and Mental Health Information system	14.3
SE London Commissioning Agency & Lambeth, Southwark & Lewisham FHSA <sup>(2)</sup>	office accommodation	11

Footnotes:

- 1. The capital value of this project is significantly below £10m. The value of the scheme was shown incorrectly last year on Table C4.2.
- 2. Further work has shown that the project at Lambeth, Southwark and Lewisham is more akin to a conventional property lease than PFI. The opportunity has therefore been taken to omit it from the information supplied to the Committee.

4.8c Could the Department provide tables showing the planned and actual annual contribution to capital from PFI, and the forecast level of investment generated by schemes over £10m plus an aggregate of those below £10m, between 1996–97 and 2000–01?

- 1. Table 4.8c.1 provides details of the expenditure profile of capital spend on PFI schemes as at 30 April 1998.

**Table 4.8c**  
EXPENDITURE PROFILE OF CAPITAL SPEND ON PFI SCHEMES AS AT 30 APRIL 1998

EXPENDITURE PROFILE OF CAPITAL SPEND ON PFI SCHEMES AS AT 30 APRIL 1998																											(£ millions)
Total Capital Cost to the Private Sector <sup>(1,2)</sup>			Spend Profile of the Total Capital Cost to the Private Sector <sup>(3)</sup>														Total										
Status	£m	Start Date	Date of Completion	1996-97	1997-98	1998-99	1999-00	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06	Total													
Schemes with capital cost £25m +																											
Northern and Yorkshire																											
Carlisle Hospital NHS Trust—Redevelopment of Cumberland Infirmary	64.7	Nov-97	May-00		6.5	16.2	29.1	12.9							64.7												
North Durham Healthcare NHS Trust—New DGH	61.0	Apr-98	Nov-01			6.1	15.3	27.5	12.2						61.0												
South Durham Healthcare—Redevelopment of Bishop Auckland General Hospital	41.2					4.1	26.7	10.3							41.2												
Calderdale Healthcare NHS Trust—Redevelopment of Halifax General Hospital	64.6					6.5	16.2	29.1	12.9						64.6												
South Tees Acute Hospitals NHS Trust—Redevelopment of South Cleveland Hospital	96.3					9.6	24.1	43.3	19.3						96.3												
Leeds Community & Mental Health Services NHS Trust—Reprovision of Mental Health Services	43.0					4.3	28.0	10.8							43.0												
Newcastle upon Tyne Hospitals NHS Trust—Rationalisation of acute services	59.0						5.9	14.8	26.6	11.8					59.0												
Total Northern and Yorkshire	429.8			0.0	6.5	46.8	145.2	148.6	70.9	11.8	0.0	0.0	0.0	0.0	429.8												
Trent																											
No schemes	0.0			0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0												
Total Trent				0.0																							
Anglia and Oxford																											
Norfolk and Norwich NHS Trust—New DGH	143.5	Jan-98	Jan-02		6.0	38.8	59.2	33.1	6.4						143.5												
South Buckinghamshire NHS Trust—Site Rationalisation	45.0	Jan-98	Aug-00		4.5	29.3	11.3								45.0												
West Berkshire Priority Care NHS Trust—Fair Mile Scheme	25.0					2.5	16.3	6.3							25.0												
Total Anglia and Oxford	213.5			0.0	10.5	70.6	86.7	39.4	6.4	0.0	0.0	0.0	0.0	0.0	213.5												
North Thames																											
Wellhouse NHS Trust	54.0						5.4	13.5	24.3	10.8					54.0												
University College London Hospitals NHS Trust	160.0					16.0		24.0	48.0	48.0	24.0				160												
The Royal Hospitals NHS Trust <sup>(4)</sup>	250.0							25.0	37.5	62.5	50.0	50.0	25.0		250.0												
West Middlesex University Hospital NHS Trust	31.0			0.0			3.1	20.2	7.8						31.0												
Total North Thames	495.0						24.5	82.7	117.6	121.3	74.0	50.0	25.0	25.0	495.0												



Table 4.8c (Continued)

Spend Profile of the Total Capital Cost to the Private Sector <sup>(1)</sup>												(£ millions)			
Status	Capital Cost to the Private Sector <sup>(1,2)</sup> £m	Start Date	Date of Completion	Year											Total
					1996-97	1997-98	1998-99	1999-00	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06	
South Thames															
FC	94.0	Aug-97	Mar-00		9.4	23.5	42.3	18.8					94.0		
OBC	118.0					11.8	17.7	35.4	17.7				118.0		
OBC	84.0					8.4	21.0	37.8	16.8				84.0		
of DGH															
OBC	64.0						6.4	16.0	28.8	12.8			64.0		
OBC	40.0						4.0	10.0	18.0	8.0			40.0		
Total South Thames	400.0				0.0	9.4	43.7	91.4	118.0	99.0	38.5	0.0	0.0	400.0	
South and West															
OBC	105.0						10.5	15.8	31.5	31.5	15.8		105.0		
Total South and West	105.0				0.0	0.0	0.0	10.5	15.8	31.5	15.8	0.0	0.0	105.0	
West Midlands															
OBC	61.6					6.2	15.4	27.7	12.3				61.6		
OBC	85.0					13.6	28.2	40.0	3.1				85.0		
SOC	62.0							6.2	15.5	27.9	12.4		62.0		
SOC	174.0							17.4	26.1	52.2	26.1		174.0		
Total West Midlands	382.6				0.0	0.0	19.8	43.6	91.4	57.0	80.1	64.6	0.0	382.6	
North West															
OBC	65.6					6.6	16.4	29.5	13.1				65.6		
SOC	127.0							12.7	19.1	38.1	19.1		127.0		
Total North West	192.6							16.4	42.2	32.1	38.1	19.1	192.6		
Total	2,218.4				0.0	26.4	187.4	418.3	537.9	414.6	321.3	192.5	25.0	2,218.4	
Northern and Yorkshire															
OBC	18.0						1.8	11.7	4.5				18.0		
OBC	12.0					1.2	7.8	3.0					12.0		
Total Northern and Yorkshire	30.0				0.0	0.0	1.2	9.6	14.7	4.5	0.0	0.0	0.0	30.0	

**Table 4.8c (Continued)**  
**EXPENDITURE PROFILE OF CAPITAL SPEND ON PFI SCHEMES AS AT 30 APRIL 1998**

		Spend Profile of the Total Capital Cost to the Private Sector <sup>(3)</sup>										Total	
Status	Capital Cost to the Private Sector <sup>(1,2)</sup> £m	Date of Completion										Total (£ millions)	Total (£ millions)
		1996-97	1997-98	1998-99	1999-00	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06		
<b>Trent</b>													
Nottingham University Hospitals NHS Trust—ENT/Ophthalmology scheme: Queens Medical Centre	10.6			1.1	6.9	2.7						10.6	10.6
<b>Total Trent</b>	10.6	0.0	0.0	1.1	6.9	2.7	0.0	0.0	0.0	0.0	0.0	10.6	10.6
<b>Anglia and Oxford</b>													
Stoke Mandeville Hospital NHS Trust—Partial Redevelopment	23.2				2.3	15.1	5.8					23.2	23.2
West Berkshire Priority Care NHS Trust—Hospital Development	16.0				1.6	10.4	4.0					16.0	16.0
<b>Total Anglia and Oxford</b>	39.2	0.0	0.0	0.0	3.9	25.5	9.8	0.0	0.0	0.0	0.0	39.2	39.2
<b>North Thames</b>													
Newham Community NHS Trust—Mental Health Scheme	14.5			9.5	5.0							14.5	14.5
Newham Community NHS Trust—Acute Rationalisation	20.0			2.0	10.0	8.0						20.0	20.0
Camden and Islington Community NHS Trust—Mental Health Services	14.0			2.0	7.0	5.0						14.0	14.0
Parkside Health NHS Trust—Willesden Reprovision	11.0			2.0	7.0	2.0						11.0	11.0
BHB Community Health Care NHS Trust: Mental Health Reprovision	12.0				6.0	6.0						12.0	12.0
<b>Total North Thames</b>	71.5	0.0	0.0	15.5	35.0	21.0	0.0	0.0	0.0	0.0	0.0	71.5	71.5
<b>South Thames</b>													
Oxleas NHS Trust: Reprovision of Mental Health Hospital	18.0			1.8	11.7	4.5						18.0	18.0
Chichester Priority Care Services NHS Trust: Reprovision of Mental Health Hospital	15.0			1.5	9.8	3.8						15.0	15.0
Thames Gateway NHS Trust: Sheppey Community Hospital	10.0			5.0	5.0							10.0	10.0
<b>Total South Thames</b>	43.0	0.0	0.0	8.3	26.5	8.3	0.0	0.0	0.0	0.0	0.0	43.0	43.0
<b>South West</b>													
Portsmouth Healthcare NHS Trust—Mental Health/Learning difficulties reprovision	11.0			1.1	7.2	2.8						11.0	11.0
Southampton Community Health Services NHS Trust—Lymington Hospital	18.0			1.8	11.7	4.5						18.0	18.0
<b>Total South and West</b>	29.0			2.9	18.9	7.3	0.0	0.0	0.0	0.0	0.0	29.0	29.0



**Table 4.8c (Continued)**  
**EXPENDITURE PROFILE OF CAPITAL SPEND ON PFI SCHEMES AS AT 30 APRIL 1998**

Spend Profile of the Total Capital Cost to the Private Sector <sup>(3)</sup>																(£ millions)
Status	Total Capital Cost to the Private Sector <sup>(1, 2)</sup> £m	Start Date	Date of Completion Year	Spend Profile of the Total Capital Cost to the Private Sector <sup>(3)</sup>											Total	
				1996-97	1997-98	1998-99	1999-00	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06			
<b>West Midlands</b>																
Northern Birmingham Mental Health NHS Trust: Mental Health Reprovision	11.9					8.0	3.5	0.4							11.9	
North Staffordshire Combined Healthcare NHS Trust: Acute Mental Health Reprovision	16.2					4.0	11.2	1.1							16.2	
<b>Total West Midlands</b>	28.1					12.0	14.7	1.5							28.1	
<b>North West</b>																
No Schemes	0.0					0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
<b>Total North West</b>	251.4					0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	251.4	
<b>Total</b>																
Schemes with capital cost below £10m																
<b>Northern and Yorkshire</b>																
Trent	71.3		2.5	6.3	23.9	28.4	10.2								71.3	
Anglia and Oxford	22.1				2.8	9.0	7.7	2.6							22.1	
North Thames	25.7								12.9	12.9					25.7	
South Thames	40.6								1.0						40.6	
South West	16.8														16.8	
West Midlands	39.8														39.8	
West Midlands	9.1														9.1	
North West	25.0														25.0	
<b>Total Under £10M</b>	250.3			4.3	31.1	84.6	78.8	24.8	13.9	12.9	0.0	0.0	0.0	0.0	250.3	
<b>Overall Total for PFI</b>	2,720.2			4.3	57.5	312.9	612.5	643.5	442.7	334.2	192.5	95.2	25.0	25.0	2,720.2	

**Footnotes:**

1. PFI deals provide a fully serviced hospital facility. It is not their primary purpose to provide a capital asset therefore the valuation of the asset is not fundamental to the contract. All asset valuations are estimates. The value of the schemes that have not reached financial close are liable to change.
2. Total Capital Cost to the Private Sector includes the costs of land, construction, equipment and professional fees but excludes VAT, rolled up interest and financing costs such as bank arrangement fees, bank due diligence fees, banks' lawyers fees and third party equity costs. As PFI procures a service rather than the underlying asset, capital values shown are necessarily estimates.
3. The phasing of capital expenditure by the private sector is generally not available. The spend profile has been determined using a standard formula, below, to spread the total capital cost to the private sector over the estimated construction period.

Size of Scheme £m	Yr 1 % of Capital Cost	Yr 2 % of Capital Cost	Yr 3 % of Capital Cost	Yr 4 % of Capital Cost	Yr 5 % of Capital Cost	Yr 6 % of Capital Cost
Under 10	50	50				
11-50	10	65	25			
51-100	10	25	45	20		
101-200	10	15	30	30	15	
200 +	10	15	25	20	20	10

4. The scheme had OBC approval, but is currently being reviewed in the light of the Secretary of State's decision to retain certain services at St. Bartholomew's Hospital. A revised OBC is being prepared.

4.8d *Could the Department provide a table showing the increases to the capital cost of schemes since the last expenditure questionnaire and provide a commentary on changes of more than 10 per cent?*

1. It is not possible to show increases in capital costs compared to last year as costs have not been determined on the same basis.
2. Information will be able to be provided for next year's Inquiry.

4.8e *Could the Department provide data on the revenue consequences of schemes which have reached financial close and represent long-term contractual commitment over the next 25 years? Could the Department provide an update of the Departmental Report table showing the source and applications of HCHS capital, giving the outturn position for 1997-98?*

1. Table 4.8e.1 provides details of the revenue consequences for PFI schemes that reached financial close as at 30 April 1998.

Table 4.8e.1

REVENUE CONSEQUENCES<sup>(1)</sup> FOR PFI SCHEMES—FINANCIAL CLOSE: AS AT 30 APRIL 1998

Year	Schemes over £10m NHS Trust				Aggregate of Schemes below £10m Regional Office				£ million	
	Carlisle Hospitals NHS Trust	North Durham Healthcare NHS Trust	Norfolk and Norwich NHS Trust	South Buckinghamshire NHS Trust	Dartford & Gravesham NHS Trust	Northern & Yorkshire	Trent	South Thames		South & West
1996-97							0.2		0.8	0.9
1997-98						1.4	2.6		2.3	6.2
1998-99				3.7		1.6	4.9		2.5	9.0
1999-00				5.0		3.1	4.9	1.7	2.6	12.2
2000-01				8.2	12.5	3.1	4.9	1.7	2.6	12.3
2001-02	11.9	13.2	7.9	8.2	16.6	3.1	4.9	1.7	2.6	12.3
2002-03	11.9	13.2	31.7	8.2	16.6	3.1	4.9	1.7	2.7	12.3
2003-04	11.9	13.2	31.7	8.2	16.6	2.9	4.9	1.7	2.7	12.1
2004-05	11.9	13.2	31.7	8.2	16.6	1.8	4.9	1.7	2.3	10.7
2005-06	11.9	13.2	31.7	8.5	16.6	1.8	4.9	1.7	1.7	10.0
2006-07	11.9	13.2	31.7	8.5	16.6	1.8	4.9	1.7	1.7	10.0
2007-08	11.9	13.2	31.7	8.5	16.6	1.5	4.9	1.7	1.7	9.8
2008-09	11.9	13.2	31.7	8.5	16.6	1.5	4.4	1.7	1.7	9.4
2009-10	11.9	13.2	31.7	8.5	16.6	1.5	4.2	1.7	1.8	9.3
2010-11	11.9	13.2	31.7	8.5	16.6	1.5	4.2	1.7	1.8	9.3
2011-12	11.9	13.2	31.7	8.4	16.6	1.5	4.2	1.7	1.9	9.3
2012-13	11.9	13.2	31.7	8.4	16.6	1.5	1.8	1.7	1.9	7.0
2013-14	11.9	13.2	31.7	8.4	16.6	1.5	1.8	1.7	2.0	7.1
2014-15	11.9	13.2	31.7	8.4	16.6	1.5	1.8	1.7	2.0	7.1
2015-16	11.9	13.2	31.7	8.9	16.6	1.5	1.8	1.7	2.1	7.2
2016-17	11.9	13.2	31.7	8.5	16.6	1.5	1.8	1.7	2.1	6.9

£ million



**Table 4.8e.1 (Continued)**  
**REVENUE CONSEQUENCES<sup>(1)</sup> FOR PFI SCHEMES—FINANCIAL CLOSE: AS AT 30 APRIL 1998**

Aggregate of Schemes below £10m Regional Office												£ million
Year	Schemes over £10m NHS Trust					Dartford & Gravesham			Aggregate of Schemes below £10m Regional Office			Total small schemes
	Carlisle Hospitals NHS Trust	North Durham Healthcare NHS Trust	Norfolk and Norwich NHS Trust	South Buckinghamshire NHS Trust	NHS Trust New DGH	Northern & Yorkshire	Trent	South Thames	South & West			
2017-18	11.9	13.2	31.7	8.4	16.6	1.5	1.8	1.7	1.9	7.0		
2018-19	11.9	13.2	31.7	8.4	16.6	1.5		1.7	2.0	5.2		
2019-20	11.9	13.2	31.7	8.4	16.6	1.5			2.0	3.4		
2020-21	11.9	13.2	31.7	8.4	16.6	0.6			1.9	2.5		
2021-22	11.9	13.2	31.7	8.4	16.6	0.6			1.9	0.6		
2022-23	11.9	13.2	31.7	8.4	16.6	0.6				0.6		
2023-24	11.9	13.2	31.7	8.2	16.6	0.6				0.6		
2024-25	11.9	13.2	31.7	8.2	16.6	0.3				0.3		
2025-26	11.9	13.2	31.7	8.2	4.1	0.3				0.3		
2026-27	11.9	13.2	31.7	6.0		0.3				0.3		
2027-28	11.9	13.2	31.7	6.0		0.3				0.3		
2028-29	11.9		31.7	6.0		0.3				0.3		
2029-30			31.7			0.3				0.3		
2030-31			31.7			0.3				0.3		
2031-32			23.8			0.3				0.3		
2032-33						0.3				0.3		
2033-34						0.3				0.3		
TOTAL	326.5	357.2	951.0	244.7	415.0	48.6	79.4	34.0	51.5	213.5		

**Footnote:**

1. The table shows the total unitary payments payable by each trust assuming 100 per cent performance by the private sector partner. Pass through costs are not included.

4.8e Could the Department provide data on the revenue consequences of schemes which have reached financial close and represent long-term contractual commitment over the next 25 years? Could the Department provide an update of the Departmental Report table showing the source and applications of HCHS capital, giving the outturn position for 1997–98?

2. Table 4.8e.2 provides an update of Table 4.12 of the Department Report (Cm 3912), the sources and application of HCHS capital in 1997–98 and 1998–99.

**Table 4.8e.2**

**SOURCES AND APPLICATION OF HCHS CAPITAL, 1997–98 and 1998–99**

		£ million		
		Plan	Forecast	Plan <sup>(1)</sup>
		1997–98	Outturn <sup>(1)</sup> 1997–98	1998–99
Sources:	Net Capital HCHS Expenditure	1,315	1,086	1,216
	Plus:			
	NHS trust capital receipts	45	206	58
	Retained estate receipts	244	230	214
	Total capital receipts	<b>289</b>	<b>436</b>	272
	Gross HCHS Capital Expenditure	1,604	1,522	1,488
Applications:	Retained estate costs <sup>(2)</sup>	33	51	49
	NHS trust capital receipts spent as capital <sup>(3)</sup>	45	147	58
	NHS trust capital receipts spent as revenue <sup>(3)</sup>	—	59	—
	Non NHS trust capital spend <sup>(4)</sup>	78	44	91
	Initial transfers to revenue <sup>(5)</sup>	194	194	200
	NHS trust voted capital	1,253	1,027	1,088
	Total Capital Applied	1,604	1,522	1,488
Financing of NHS trust capital:	Depreciation <sup>(6)</sup>	943	943	966
	External Financing Limit (EFL)	310	83	122
	Total NHS trust voted capital	1,253	1,027	1,088
	Plus:			
	NHS trust capital receipts spent as capital	45	147	58
	Total capital spent by NHS trusts	1,298	1,174	1,146
Financing of EFL:	Net Borrowing from Secretary of State Voted in Estimates <sup>(7)</sup>	362	95	22
	Change in Market Borrowing (Non-Voted) <sup>(8)</sup>	– 52	– 12	100
	<b>EFL</b>	<b>310</b>	<b>83</b>	<b>122</b>

*Footnotes:*

1. The outturn position for 1997–98 is in line with the figures in Table 2.1.1. The figures for 1998–99 HCHS capital are only the original plan. They do not reflect adjustments to plan made at Main Estimates or any in-year changes and therefore do not match those in Table 2.1.1.

2. These are the costs associated with the maintenance and disposal of the NHS retained estate funded from gross capital receipts on the retained estate.

3. These are the capital receipts generated from the sale of NHS trust assets. These receipts can be spent in addition to those voted in estimates. It is forecast that of the £206 million NHS trust capital receipts available in 1997–98 £147 million will be spent as capital and £59 million as revenue by NHS trusts.

4. This is capital which is not spent by NHS trusts and is spent in Health Authorities or by Special Health Authorities such as the National Blood Authority and the Prescription Pricing Authority.

5. This is to cover:
  - (i) the higher capital threshold in the NHS;
  - (ii) capital expenditure on Joint Finance and GMS which are recorded as revenue as they are spent by a third party.
6. The element of capital charges included in HCHS revenue but earned by NHS trusts in prices and used to finance capital expenditure and/or repayment of principal on debt.
7. Net lending from voted monies to support NHS trust capital expenditure and short-term cash flow needs.
8. The movements in borrowing cash and investments outside the public sector of monies not voted in estimates in this financial year.
9. Figures may not sum due to rounding.

4.8f *Would the Department provide a breakdown of the net present value calculations upon which decisions about the private finance option are based? Would the Department indicate the sensitivity of these estimates to assumptions on factors such as risk, rate of interest, length of contract?*

1. PFI offers better value for money by giving the private sector the incentive to use its skills and experience for the benefit of the NHS. PFI is not constrained by capital so more innovative design solutions can be put forward. In addition, PFI contracts are structured so that the private sector companies that provide the hospital facility have the same interests as the NHS in ensuring that a hospital is built and maintained to the highest standards. Where they are best placed to manage, risks are transferred to the private sector. Thus the risk of construction, time and budget overruns, standards of service support and maintaining the hospital in a fit state rest with the private sector. This enables the NHS to concentrate on its core functions and allow PFI to offer the taxpayer better value for money than traditional procurement.

2. Value for money for the public sector is assessed by comparing the costs and benefits of the PFI option with the costs and benefits of providing a hospital with the same level of health care output from public funds. Since the cost of the PFI option will include the value of risk which has been transferred to the private sector, but the publicly funded solution excludes the costs of risks we retain, a simple comparison of costs puts the PFI option at a disadvantage.

3. Therefore, as part of the economic appraisal, there is a requirement to include the expected value of risk held by the public sector under each of the options. By adjusting for the costs of the risks retained, it ensures comparisons are made on a like for like basis. The tables listed below do not allow direct comparisons between the different schemes. Investment appraisal conventions allow different approaches to counting costs. For example, provided the conventions are consistently applied in each appraisal, costs common to both alternatives can be either included or excluded and differences in costs can be scored rather than actual costs. Unless all the appraisals are re-calculated, it is not possible to say what basis costs have been included.

4. The robustness of the ranking of the options is tested using sensitivity analysis. The effect of varying assumptions regarding the costs of risks are carried out in each case. Each scheme has a different risk profile so without conducting a detailed analysis of each business case it is not possible to provide reliable information.

5. The risks most commonly tested for sensitivity are interest rates, inflation, and variations in the construction cost and timetable of the public sector comparator. Generally speaking, because many of the costs of the PFI option are fixed, the changes that could affect the financial appraisal ranking relate to the public sector comparator costing less to build than anticipated.

6. The interest rate is determined at financial close with the purchase of fixed rate funding. It may change between approval of the full business case and financial close. If the rate of interest changes sufficiently to alter costs by more than 10 per cent, or to change the ranking of the options, full business case approval lapses, and the case must be re-submitted.



**Carlisle Hospitals NHS Trust**

Full Business Case

Date of approval: 11 September 1997

	<i>Public Sector Comparator Net Present Costs £'000</i>	<i>Private Finance Option Net Present Costs £'000</i>
Without Risk	152,500	173,100
Risk	21,800	0
Risk Adjusted	174,300	173,100

Financial Close

Date of close: 5 November 1997

	<i>Public Sector Comparator Net Present Costs £'000</i>	<i>Private Finance Option Net Present Costs £'000</i>
Without Risk	151,103	167,045
Risk	21,800	0
Risk Adjusted	172,903	167,045

**North Durham Health Care NHS Trust**

Full Business Case

Date of approval: 31 March 1998

	<i>Public Sector Comparator Net Present Costs £'000</i>	<i>Private Finance Option Net Present Costs £'000</i>
Without Risk	153,320	173,870
Risk	23,590	3,040
Risk Adjusted	176,910	176,910

Financial Close

Date of close: 31 March 1998

	<i>Public Sector Comparator Net Present Costs £'000</i>	<i>Private Finance Option Net Present Costs £'000</i>
Without Risk	157,320	173,870
Risk	23,590	3,167
Risk Adjusted	180,910	177,037

**South Buckinghamshire NHS Trust**

Full Business Case

Date of approval: 13 November 1997

	<i>Public Sector Comparator Net Present Costs £'000</i>	<i>Private Finance Option Net Present Costs £'000</i>
Without Risk	161,668	167,504
Risk	7,627	- 1,119
Risk Adjusted	169,295	166,385

Financial Close  
Date of close: 16 December 1997

	<i>Public Sector Comparator Net Present Costs £'000</i>	<i>Private Finance Option Net Present Costs £'000</i>
Without Risk	161,633	163,338
Risk	7,610	-1,653
Risk Adjusted	169,243	161,685 <sup>1</sup>

**Norfolk and Norwich NHS Trust**

Full Business Case  
Date of approval: 2 April 1996

	<i>Public Sector Comparator Net Present Costs £'000</i>	<i>Private Finance Option Net Present Costs £'000</i>
Without Risk	1,584,050	1,595,952
Risk	79,698	6,397
Risk Adjusted	1,663,748	1,602,349

Financial Close  
Date of close: 9 January 1998

	<i>Public Sector Comparator Net Present Costs £'000</i>	<i>Private Finance Option Net Present Costs £'000</i>
Without Risk	1,598,156	1,634,313
Risk	83,678	7,965
Risk Adjusted	1,681,834	1,642,278

**Dartford and Gravesham NHS Trust**

Full Business Case  
Date of approval: 31 January 1997

	<i>Public Sector Comparator Net Present Costs £'000</i>	<i>Private Finance Option Net Present Costs £'000</i>
Without Risk	900.1	926.6
Risk	43.8	1.4
Risk Adjusted	943.9	928

Financial Close  
Date of close: 30 July 1997

	<i>Public Sector Comparator Net Present Costs £'000</i>	<i>Private Finance Option Net Present Costs £'000</i>
Without Risk	900.1	921.2
Risk	43.8	1.4
Risk Adjusted	943.9	922.6

<sup>1</sup> The figure supplied to the Committee last year was £162,063. The nett present cost of the PFI option reduced as a result of increases to the value of land in the deal and the effects of indexation on the contract.

4.8g Where benefits of the PFI option are indicated, for some schemes it appears that like-with-like comparisons are not being made. How is the "comparable" public sector option arrived at?

1. A number of the PFI options have proposed substantially different solutions to the public sector comparator. These differences include the proportion of new build compared to refurbishment, the layout of development, and the speed of construction. Private sector variations on the public sector solution such as these are regarded as legitimate. The key to a fair comparison is ensuring we compare the same service output. Thus, a publicly funded alternative may rely heavily on modernisation and refurbishment because of constraints on public capital. As no such constraints exist in the private sector, they are free to offer the same output but perhaps in a more efficient and cost effective manner. Such improvements may also be brought about by greater innovation the private sector sometimes brings to these schemes.

#### 4.8h Donations from Leagues of Friends

What information does the Department have about the amount of money raised each year by Leagues of Friends, or similar groups, for capital spend in the NHS?

1. The Department does not collect information on the amount of money raised by Leagues of Friends, or similar groups, for capital spend in the NHS as they are not NHS bodies. The individual accounts of Leagues of Friends and similar groups will be lodged with the Charity Commission.

2. The Department does however have information from the statutory accounts of NHS Trusts which shows the capital expenditure ie the amount spent not raised, which has been financed by charitable donations. Table 4.8h sets out the total amount of expenditure broken down by NHS Trust for 1996-97.

3. The definition of a donated asset:

A donated asset is an asset acquired after the establishment of the NHS on 5 July 1948, from other than Exchequer sources which has been:

- (i) received as a gift; or
  - (ii) purchased out of income received as a gift;
- provided that consideration is not given in return.

**Table 4.8h**

#### DONATED CAPITAL ADDITIONS BY NHS TRUST, 1996-97

£000

NHS trust	Land	Buildings, installations & fittings	Assets under construction	Equipment
Croydon Community NHS Trust	0	0	0	0
Epsom Health Care NHS Trust	0	0	0	127
Royal Surrey County Hospital NHS Trust	0	0	0	314
Weston Area Health NHS Trust	0	0	33	52
East Somerset NHS Trust	0	416	0	29
East Gloucestershire NHS Trust	0	128	0	198
The United Bristol Healthcare NHS Trust	0	0	0	857
Trecare NHS Trust	0	0	0	0
South Devon Healthcare NHS Trust	0	153	41	331
The Freeman Group of Hospitals NHS Trust	0	0	0	478
Bradford Hospitals NHS Trust	0	0	0	237
Northern General Hospital NHS Trust	0	0	0	187
Doncaster Royal Infirmary & Montagu Trust	0	62	0	167
Anglian Harbours NHS Trust	0	0	0	0
Southend Health Care NHS Trust	0	0	11	110
The Royal Free Hampstead Hospital NHS Trust	0	2,099	0	344
The Royal National Orthopaedic Hospital NHS Trust	0	0	0	0
North Middlesex Hospital NHS Trust	0	90	0	46
North Hertfordshire NHS Trust	0	0	0	13
The Hillingdon Hospital NHS Trust	0	0	0	42
Central Middlesex Hospital NHS Trust	0	1	0	27
Lifecare NHS Trust	0	0	0	0
Kingston Hospital NHS Trust	0	12	0	387
St. Helier's NHS Trust	0	100	0	115
Avon Ambulance Service NHS Trust	0	0	0	0
Cleveland Ambulance NHS Trust	0	0	0	0
Essex Ambulance Service NHS Trust	0	0	0	35
Gloucestershire Ambulance Services NHS Trust	0	0	0	0
Mersey Regional Ambulance Service NHS Trust	0	0	0	0
Staffordshire Ambulance Service NHS Trust	0	0	0	0



<i>NHS trust</i>	<i>£000</i>			
	<i>Land</i>	<i>Buildings, installations &amp; fittings</i>	<i>Assets under construction</i>	<i>Equipment</i>
South Yorkshire Metropolitan Ambulance Service NHS Trust	0	0	0	0
Taunton & Somerset NHS Trust	0	168	0	275
Royal National Hospital Rheumatic Disease NHS Trust	0	0	0	0
West Dorset General Hospitals NHS Trust	0	0	373	47
Nuffield Orthopaedic NHS Trust	0	0	0	0
First Community NHS Trust	0	0	0	0
The Foundation NHS Trust	0	0	15	0
Rugby NHS Trust	0	28	0	77
Walsall Hospitals NHS Trust	0	20	0	42
Wirral Hospital NHS Trust	0	22	0	120
St. Helens & Knowsley Hospitals NHS Trust	0	5	0	23
Chester & Halton Community NHS Trust	0	0	0	0
Liverpool Cardiothoracic NHS Trust	0	192	0	5
Royal Liverpool Children's NHS Trust	0	686	32	1,378
The Mid Cheshire Hospitals NHS Trust	0	24	0	39
Central Manchester Healthcare NHS Trust	0	205	1,962	358
Christie Hospital NHS Trust	0	0	2,580	281
Northumbria Ambulance NHS Trust	0	0	0	0
Lincolnshire Ambulance NHS Trust	0	0	0	0
Northern Devon Healthcare NHS Trust	0	237	0	68
Bedford Hospitals NHS Trust	0	0	0	7
Ealing Hospital NHS Trust	0	107	0	80
East Hertfordshire NHS Trust	0	105	0	76
Harefield Hospital NHS Trust	0	31	0	260
Horizon NHS Trust	0	0	0	0
Luton & Dunstable Hospital NHS Trust	0	0	0	130
Northallerton Health Services NHS Trust	0	0	46	76
York Health Services NHS Trust	0	284	103	169
Scarborough & Northeast Yorkshire NHS Trust	0	77	0	88
Harrogate Health Care NHS Trust	0	153	0	209
Bradford Community Health NHS Trust	0	0	0	0
Airedale NHS Trust	0	0	0	0
North Tees Health NHS Trust	0	0	0	49
South Tees Acute Hospitals NHS Trust	0	82	0	146
The Royal Victoria Infirmary Trust	0	399	0	601
Allington NHS Trust	0	0	0	29
Barnsley Community & Priority Services NHS Trust	0	5	0	0
Bassetlaw Hospital & Community Health Service NHS Trust	0	0	0	33
Doncaster Healthcare NHS Trust	0	0	0	27
Mulberry NHS Trust	0	0	0	0
Nottingham City Hospital NHS Trust	0	0	0	163
Nottingham Community Health NHS Trust	0	0	0	0
Sheffield Children's Hospital NHS Trust	0	0	0	32
Central Sheffield University Hospitals NHS Trust	0	185	0	272
Weston Park Hospital NHS Trust	0	162	0	464
Kings Lynn & Wisbech Hospital NHS Trust	0	26	27	47
Ashford Hospital NHS Trust	0	0	0	94
Barnet Healthcare NHS Trust	0	0	0	0
Royal United Hospital Bath NHS Trust	0	59	0	219
Bath & West Community NHS Trust	0	275	0	62
Poole Hospitals NHS Trust	0	0	179	1,633
Wiltshire Health Care NHS Trust	0	61	0	94
Aylesbury Vale Community Healthcare NHS Trust	0	0	0	0
East Berkshire NHS Trust (PWLD)	0	371	0	0
Heatherwood & Wexham Park Hospitals NHS Trust	0	0	0	0
Milton Keynes General Hospital NHS Trust	0	74	0	144
Milton Keynes Community Health NHS Trust	0	5	0	0
Parkside Health NHS Trust	0	600	0	0
South Bedfordshire Community Healthcare NHS Trust	0	0	0	26
Wellhouse NHS Trust	0	0	0	14
Basildon & Thurrock Hospitals NHS Trust	0	0	0	39
Essex Rivers Healthcare NHS Trust	0	0	0	138
Forest Healthcare NHS Trust	0	0	0	325
New Possibilities NHS Trust	0	0	0	0
Northeast Essex Mental Health NHS Trust	0	0	0	0
Southend Community Care Services NHS Trust	0	0	0	0
Eastbourne Hospitals NHS Trust	0	4	11	170

				£000
<i>NHS trust</i>	<i>Land</i>	<i>Buildings, installations &amp; fittings</i>	<i>Assets under construction</i>	<i>Equipment</i>
Hastings & Rother NHS Trust	0	0	0	28
Maidstone Priority Care NHS Trust	0	0	0	0
Optimum Health Services NHS Trust	0	0	0	0
Ravensbourne NHS Trust	0	0	0	0
South Downs Health NHS Trust	0	190	131	247
Thameslink Healthcare Services NHS Trust	0	0	0	0
Lambeth Health Care NHS Trust	0	0	0	9
Frimley Park Hospital NHS Trust	0	797	0	105
St Peter's Hospital NHS Trust	0	0	0	40
Bath Mental Health Care NHS Trust	0	0	0	0
Dorset Healthcare NHS Trust	0	0	0	27
Royal Bournemouth & Christchurch NHS Trust	0	548	31	186
Gateshead Hospitals NHS Trust	0	0	0	52
South Cumbria Community & Mental Health NHS Trust	0	29	0	0
South Tees Community & Mental Health NHS Trust	0	24	0	0
Westmorland Hospital NHS Trust	0	15	0	37
Cumbria Ambulance Service NHS Trust	0	0	0	37
West Cumbria Health Care NHS Trust	0	0	0	11
Northumberland Mental Health NHS Trust	0	0	0	0
South Tyneside Health Care NHS Trust	0	0	6	33
Exeter & District Community Health Services NHS Trust	0	0	0	48
Frenchay Healthcare NHS Trust	0	0	0	64
Phoenix NHS Trust	0	0	0	0
Plymouth Community Services NHS Trust	0	0	0	0
Southmead Health Services NHS Trust	0	0	0	0
Royal Cornwall Hospitals NHS Trust	0	12	0	72
Herefordshire Community Health NHS Trust	0	0	0	34
South Warwickshire Healthcare NHS Trust	0	10	0	70
Aintree Hospitals NHS Trust	0	40	0	33
Clatterbridge Centre for Oncology NHS Trust	0	45	0	600
Liverpool Womens Hospital NHS Trust	0	0	0	30
Southport & Formby Hospital Services NHS Trust	0	0	0	28
St Helens & Knowsley Community Health NHS Trust	0	0	0	0
North Mersey Community NHS Trust	0	0	0	0
Walton Neurology Centre NHS Trust	0	0	0	36
Burnley Healthcare NHS Trust	0	0	0	90
Lancaster Acute Hospitals NHS Trust	0	0	75	170
Lancaster Priority Services NHS Trust	0	0	0	0
Oldham Trust	0	0	0	24
Wrightington Hospital NHS Trust	0	0	0	215
Rochdale Healthcare NHS Trust	0	7	0	197
Royal Hull Hospitals NHS Trust	0	0	0	34
East Yorkshire Hospitals NHS Trust	0	0	0	0
Humberside Ambulance Service NHS Trust	0	0	0	0
North East Lincolnshire NHS Trust	0	0	0	27
Scunthorpe & Goole Hospitals NHS Trust	0	0	0	75
Scunthorpe Community Health NHS Trust	0	0	0	0
North Yorkshire Ambulance Service NHS Trust	0	0	0	0
Durham County Ambulance NHS Trust	0	0	0	0
Leicester General Hospital NHS Trust	0	29	0	35
Nottinghamshire Ambulance Service NHS Trust	0	0	0	5
Leicester Royal Infirmary NHS Trust	0	9	0	399
CHS Southern Derbyshire NHS Trust	0	2	0	6
Barnsley District General Hospital NHS Trust	0	17	0	42
Rotherham Priority Health Services NHS Trust	0	0	0	19
Southern Derbyshire Mental Health NHS Trust	0	0	0	0
Central Nottinghamshire NHS Trust	0	7	3	78
Nottingham University Hospital NHS Trust	0	0	0	96
Glenfield Hospital NHS Trust	0	0	0	0
The West Lindsey NHS Trust	0	206	0	14
Derby City General Hospital NHS Trust	0	0	0	595
South Lincolnshire Community & Mental Health NHS Trust	0	0	0	6
Rotherham General Hospitals NHS Trust	0	0	0	18
Chesterfield & North Derbyshire Hospitals NHS Trust	0	0	0	65
Bedford & Shires Health & Care NHS Trust	0	0	0	0
Beds & Herts Ambulance & Paramedic NHS Trust	0	0	0	0
West London Healthcare NHS Trust	0	1,148	0	0
West Middlesex University NHS Trust	0	0	0	131



					£000
<i>NHS trust</i>	<i>Land</i>	<i>Buildings, installations &amp; fittings</i>	<i>Assets under construction</i>	<i>Equipment</i>	
Hounslow & Spelthorne Community & Mental Health NHS Trust	0	0	0	0	
Riverside Mental Health NHS Trust	0	0	196	27	
Northwick Park & St Marks NHS Trust	0	8	377	249	
Mid Kent Healthcare NHS Trust	0	0	0	78	
Greenwich Healthcare NHS Trust	0	0	0	30	
Bromley Hospitals NHS Trust	0	0	0	207	
Redbridge Health Care NHS Trust	0	0	0	19	
BHB Community Healthcare NHS Trust	0	0	0	0	
Havering Hospitals NHS Trust	0	9	0	113	
Thameside Community Healthcare NHS Trust	0	0	0	0	
Chase Farm Hospitals NHS Trust	0	0	0	7	
Calderdale Healthcare NHS Trust	0	0	0	27	
Huddersfield NHS Trust	0	8	42	126	
Leeds Community & Mental Health Services NHS Trust	0	0	0	0	
Pinderfields Hospitals NHS Trust	0	0	0	90	
Wakefield & Pontefract Community Health NHS Trust	0	0	0	0	
Pontefract Hospitals NHS Trust	0	12	0	60	
West Yorkshire Ambulance Service NHS Trust	0	0	0	37	
East Suffolk Local Services NHS Trust	0	0	0	201	
North West Anglia Health Care NHS Trust	0	0	0	65	
Mid Anglia Community Health NHS Trust	0	0	0	0	
Papworth Hospital NHS Trust	0	0	0	207	
Peterborough Hospitals NHS Trust	0	0	0	76	
James Paget Hospital NHS Trust	0	19	101	147	
Ipswich Hospital NHS Trust	0	0	0	117	
West Suffolk Hospitals NHS Trust	0	0	0	77	
Lifespan Healthcare NHS Trust	0	539	0	0	
Addenbrooke's NHS Trust	0	0	0	98	
Brighton Health Care NHS Trust	0	0	262	295	
Thanet Healthcare NHS Trust	0	0	0	51	
Kent & Canterbury Hospitals NHS Trust	0	92	0	439	
Eastbourne & County Healthcare NHS Trust	0	0	300	0	
Canterbury & Thanet Community NHS Trust	0	0	0	6	
Queen Mary's Sidcup NHS Trust	0	0	0	41	
Royal Berkshire Ambulance Service NHS Trust	0	0	0	0	
South Buckinghamshire NHS Trust	0	280	0	0	
Horton General Hospital NHS Trust	0	100	80	88	
West Berkshire Priority Care Services NHS Trust	0	10	0	10	
Avalon, Somerset NHS Trust	0	0	0	0	
Gloucestershire Royal NHS Trust	0	0	0	117	
Severn NHS Trust	0	60	0	5	
Royal Devon & Exeter Healthcare NHS Trust	0	0	0	118	
Camden & Islington Community Healthcare NHS Trust	1,040	2,175	0	18	
Enfield Community Care NHS Trust	0	0	0	0	
Royal London Homeopathic Hospital NHS Trust	0	16	0	6	
Crawley Horsham NHS Trust	0	0	1	65	
Merton & Sutton Community NHS Trust	0	0	0	0	
Richmond, Twickenham & Roehampton NHS Trust	0	0	0	209	
East Surrey Hospital & Community Healthcare NHS Trust	0	0	0	68	
Worthing Priority Care Services NHS Trust	0	0	0	12	
North Hampshire, Loddon Community NHS Trust	0	0	0	0	
Isle of Wight Community Healthcare NHS Trust	0	0	0	0	
Southampton University Hospitals NHS Trust	0	9	0	125	
Andover District Community Health Care NHS Trust	0	0	0	143	
Dorset Ambulance NHS Trust	0	0	0	131	
Wiltshire Ambulance Service NHS Trust	0	0	0	0	
Southampton Community Health Service NHS Trust	0	7	0	21	
St Mary's Hospital NHS Trust (Isle of Wight)	0	0	0	21	
Portsmouth Hospitals NHS Trust	0	0	0	237	
The Radcliffe Infirmary NHS Trust	0	0	0	523	
Royal Berkshire & Battle Hospitals NHS Trust	0	0	0	169	
Oxford Learning Disability NHS Trust	0	0	0	0	
Two Shires Ambulance NHS Trust	0	0	0	0	
East Berkshire Community Health NHS Trust	0	0	0	0	
Guy's & St Thomas' NHS Trust	0	2,414	5,014	1,931	
Lewisham Hospital NHS Trust	0	0	0	0	
Northwest London Mental Health NHS Trust	0	0	0	0	
St Mary's Hospital NHS Trust	0	665	3,340	473	



£000

<i>NHS trust</i>	<i>Land</i>	<i>Buildings, installations &amp; fittings</i>	<i>Assets under construction</i>	<i>Equipment</i>
Mayday Healthcare NHS Trust	0	9	0	59
St George's Healthcare NHS Trust	0	376	0	408
Cornwall Healthcare NHS Trust	0	35	0	0
Westcountry Ambulance Services NHS Trust	0	0	0	0
Kidderminster Healthcare NHS Trust	0	7	0	103
South Warwickshire General Hospitals NHS Trust	0	102	26	116
Mid Staffordshire General Hospitals NHS Trust	0	0	0	42
North Staffordshire Hospital NHS Trust	0	0	500	79
Burton Hospitals NHS Trust	0	16	0	207
Good Hope Hospital NHS Trust	0	0	0	170
Shropshire's Mental Health NHS Trust	0	0	0	0
Walsall Community Health NHS Trust	0	0	0	0
East Cheshire NHS Trust	0	75	0	7
Southport & Formby Community Health Services NHS Trust	0	0	0	0
Warrington Community Healthcare NHS Trust	0	0	0	0
Countess of Chester Hospital NHS Trust	0	0	0	0
Halton General Hospital NHS Trust	0	14	0	12
Cheshire Community Healthcare NHS Trust	0	0	0	0
Chorley & South Ribble NHS Trust	0	0	0	0
West Lancashire NHS Trust	0	0	0	6
Calderstones NHS Trust	0	0	0	0
Wigan & Leigh Health Services NHS Trust	0	81	0	238
King's Healthcare NHS Trust	0	1,363	0	719
Pilgrim Health NHS Trust	0	3	25	129
Leicestershire Mental Health Service NHS Trust	0	0	0	0
Lincoln District Healthcare NHS Trust	0	0	0	0
Kings Mill Centre HCS NHS Trust	0	2	0	68
Nottingham Healthcare NHS Trust	0	21	0	10
Sheffield Community Health NHS Trust	0	0	0	11
Derbyshire Royal Infirmary NHS Trust	0	163	0	143
Plymouth Hospitals NHS Trust	0	0	0	0
West Midlands Ambulance NHS Trust	0	0	0	0
Walsgrave Hospitals NHS Trust	0	0	0	135
Warrington Hospital NHS Trust	0	0	0	81
Hampshire Ambulance Service NHS Trust	0	0	0	0
Whittington Hospital NHS Trust	0	247	0	163
The Princess Royal Hospital NHS Trust	0	12	0	96
Leicestershire Ambulance & Paramedic NHS Trust	0	0	0	0
North Derbyshire Community Healthcare NHS Trust	0	0	0	20
Derbyshire Ambulance Service NHS Trust	0	0	0	310
R Jones & A Hunt Orthopaedic NHS Trust	0	0	34	0
Shropshire's Community Health Service NHS Trust	0	0	0	36
Solihull Healthcare NHS Trust	0	0	0	0
Royal Wolverhampton Hospital NHS Trust	0	33	0	108
Hereford & Worcester Ambulance NHS Trust	0	0	0	5
Warwickshire Ambulance Service NHS Trust	0	0	0	0
West Cheshire NHS Trust	0	0	0	0
Wirral Community Healthcare NHS Trust	0	0	0	1
Bishop Auckland Hospitals NHS Trust	0	0	0	162
Darlington Memorial Hospital NHS Trust	0	0	0	160
North Tyneside Health Care NHS Trust	0	12	0	389
Community Healthcare: North Durham NHS Trust	0	0	0	0
North Durham Acute Hospitals NHS Trust	0	14	0	33
North Lakeland Healthcare NHS Trust	0	17	0	0
Carlisle Hospitals NHS Trust	0	0	0	183
Priority Healthcare Wearside NHS Trust	0	0	0	0
Cheviot & Wansbeck NHS Trust	0	21	0	92
Northumberland Community Health NHS Trust	0	0	0	0
City Hospitals Sunderland NHS Trust	0	0	0	22
Hereford Hospitals NHS Trust	0	0	0	413
Worcester Royal Infirmary NHS Trust	0	0	0	278
South Warwickshire Mental Health Services NHS Trust	0	0	0	0
George Eliot Hospital NHS Trust	0	10	0	27
Birmingham Women's Healthcare NHS Trust	0	0	0	63
Southern Birmingham Community Health NHS Trust	0	0	0	65
City Hospital NHS Trust	0	228	0	146
North Birmingham Community Health NHS Trust	0	0	0	0
North Staffordshire Combined Healthcare NHS Trust	0	6	0	0
Royal Shrewsbury Hospitals NHS Trust	0	0	0	74

	£000			
<i>NHS trust</i>	<i>Land</i>	<i>Buildings, installations &amp; fittings</i>	<i>Assets under construction</i>	<i>Equipment</i>
Norfolk & Norwich Health Care NHS Trust	0	0	0	751
South Manchester University Hospital NHS Trust	0	403	253	62
Salford Royal Hospitals NHS Trust	0	0	408	5
Trafford Healthcare NHS Trust	0	0	0	187
Mancunian Community Health NHS Trust	0	0	0	0
Northgate & Prudhoe NHS Trust	0	0	0	0
Gateshead Healthcare NHS Trust	0	0	0	0
Furness Hospitals NHS Trust	0	0	0	126
Alexandra Healthcare NHS Trust	0	6	0	460
Greater Manchester Ambulance NHS Trust	0	0	0	40
Blackburn, Hyndburn & Ribble Valley NHS Trust	0	0	0	24
Bolton Hospitals NHS Trust	0	0	0	183
Lancashire Ambulance Service NHS Trust	0	0	0	80
Communicare NHS Trust	0	0	155	0
Preston Acute Hospitals NHS Trust	0	15	0	87
Guild Community Healthcare NHS Trust	0	0	0	0
Mental Health Services of Salford NHS Trust	0	0	0	0
Salford Community Health Care NHS Trust	0	0	0	0
North Manchester Healthcare NHS Trust	0	13	0	0
Blackpool Wyre & Fylde Community NHS Trust	0	0	0	144
Community Healthcare Bolton NHS Trust	0	0	0	0
Bury Health Care NHS Trust	0	0	0	6
Tameside & Glossop Acute Services NHS Trust	0	0	0	29
Tameside & Glossop Community NHS Trust	0	0	0	0
Blackpool Victoria Hospital NHS Trust	0	0	0	110
Stockport Acute Services NHS Trust	0	0	0	130
Stockport Healthcare NHS Trust	0	0	0	19
East Yorkshire Community Healthcare NHS Trust	0	0	0	86
Hull & Holderness Community Health NHS Trust	0	0	0	0
Dewsbury Health Care NHS Trust	0	0	0	72
Norwich Community Health Care NHS Trust	0	5	0	0
Norfolk Mental Health Care NHS Trust	0	10	0	0
East Anglian Ambulance NHS Trust	0	0	0	0
Winchester & Eastleigh Healthcare NHS Trust	0	32	0	55
East Wiltshire Health Care NHS Trust	0	0	0	33
Swindon & Marlborough NHS Trust	0	10	0	75
Portsmouth Healthcare NHS Trust	0	122	55	19
North Hampshire Hospitals NHS Trust	0	0	0	24
Dorset Community NHS Trust	0	12	212	0
Dartford & Gravesham NHS Trust	0	0	0	34
South Kent Community Healthcare NHS Trust	0	0	0	20
Lewisham & Guys Mental Health NHS Trust	0	0	0	(6)
Dudley Group of Hospitals NHS Trust	0	95	0	113
Coventry Healthcare NHS Trust	0	0	0	0
Dudley Priority Health NHS Trust	0	0	0	0
South Birmingham Mental Health NHS Trust	0	0	0	0
Sandwell Healthcare NHS Trust	0	0	0	5
Northern Birmingham Mental Health Trust	0	0	0	0
Premier Health NHS Trust	0	100	0	44
Newham Healthcare NHS Trust	0	0	0	7
The Royal Hospitals NHS Trust	0	473	4,074	2,048
Tavistock & Portman NHS Trust	0	0	0	0
Newcastle City Health NHS Trust	0	60	0	5
Kettering General Hospital NHS Trust	0	2	192	74
Rockingham Forest NHS Trust	0	0	0	0
Northampton General Hospital NHS Trust	0	68	0	301
Stoke Mandeville Hospital NHS Trust	0	0	90	91
Oxfordshire Mental Healthcare NHS Trust	0	0	0	0
Oxfordshire Community Health NHS Trust	0	363	0	33
Northampton Community Healthcare NHS Trust	0	0	0	31
Oxford Radcliffe Hospital NHS Trust	0	86	0	246
Oxfordshire Ambulance NHS Trust	0	0	0	0
Salisbury Health Care NHS Trust	0	0	0	72
Haringey Health Care NHS Trust	0	0	0	0
Mid Essex Community & Mental Health NHS Trust	0	0	0	0
Great Ormond Street Hospital NHS Trust	0	1,966	1,478	1,090
Moorfields Eye Hospital NHS Trust	0	622	0	67
Medway NHS Trust	0	0	0	83
North Kent Healthcare NHS Trust	0	0	0	43



£000

<i>NHS trust</i>	<i>Land</i>	<i>Buildings, installations &amp; fittings</i>	<i>Assets under construction</i>	<i>Equipment</i>
The Queen Victoria Hospital NHS Trust	0	50	0	98
Kent & Sussex Weald NHS Trust	0	0	0	478
Weald of Kent Community NHS Trust	0	123	34	7
South Kent Hospitals NHS Trust	0	26	0	37
Oxleas NHS Trust	0	0	0	0
Kent Ambulance NHS Trust	0	0	0	0
Chichester Priority Care Services NHS Trust	0	286	28	59
Worthing & Southlands Hospitals NHS Trust	0	0	0	128
North Downs Community Health NHS Trust	0	0	78	0
Kingston & District Community NHS Trust	0	65	0	13
Wandsworth Community Health NHS Trust	0	0	0	0
Surrey Ambulance Service NHS Trust	0	0	0	0
The Royal West Sussex NHS Trust	0	0	342	737
Mid Sussex NHS Trust	0	14	0	108
Heathlands Mental Health Services NHS Trust	0	0	0	0
East Surrey Priority Care NHS Trust	0	0	0	40
Riverside Community Healthcare NHS Trust	0	0	0	0
St Albans & Hemel Hempstead NHS Trust	0	86	0	80
Royal Brompton Hospital NHS Trust	0	0	0	521
The Royal Marsden Hospital NHS Trust	0	2,777	1,435	1,391
Surrey Heartlands NHS Trust	0	0	0	0
Sussex Ambulance Service NHS Trust	0	0	0	34
Birmingham Children's Hospital NHS Trust	0	0	0	685
Black Country Mental Health NHS Trust	0	0	0	0
Wolverhampton Health Care NHS Trust	0	1	0	0
Royal Liverpool Broadgreen Hospitals NHS Trust	0	257	93	549
Manchester Childrens Hospitals NHS Trust	0	83	0	245
Mid Essex Hospitals NHS Trust	0	0	0	67
The Bethlem & Maudsley NHS Trust	0	260	0	0
West Hertfordshire Community NHS Trust	0	0	0	39
Harrow & Hillingdon Healthcare NHS Trust	0	0	0	0
Mount Vernon & Watford Hospitals NHS Trust	0	58	0	173
Chelsea & Westminster Healthcare NHS Trust	0	384	0	13
The Hammersmith Hospitals NHS Trust	0	662	0	330
Hinchingbrooke Healthcare NHS Trust	0	0	0	43
St James's & Seacroft University Hospitals NHS Trust	0	0	87	677
United Leeds Teaching Hospitals NHS Trust	0	41	0	535
Fosse Health, Leicestershire Community NHS Trust	0	249	0	87
Grantham & District Hospital NHS Trust	0	0	0	0
Essex & Herts Community NHS Trust	0	0	0	0
Princess Alexandra Hospital NHS Trust	0	0	0	62
Homerton Hospital NHS Trust	0	0	0	0
Pathfinder NHS Trust	0	0	0	0
Bournewood Community & Mental Health Services NHS Trust	0	0	0	6
Birmingham Heartlands & Solihull NHS Trust	0	0	0	129
Tower Hamlets Healthcare NHS Trust	0	0	0	0
Newham Community Health Services NHS Trust	0	0	0	25
Royal Orthopaedic Hospital NHS Trust	0	0	0	11
University Hospital Birmingham NHS Trust	0	184	0	289
City & Hackney Community Services NHS Trust	0	0	0	0
North Warwickshire NHS Trust	0	0	0	60
Teddington Memorial Hospital NHS Trust	0	362	5	38
London Ambulance Service NHS Trust	0	0	0	0
University College London Hospital NHS Trust	0	91	0	805
South Durham NHS Trust	0	0	0	0
Lincoln & Louth NHS Trust	0	0	0	45
Hartlepool & East Durham NHS Trust	0	74	0	0
Worcestershire Community Healthcare NHS Trust	0	0	0	0

*Footnotes:*

1. The table shows the value of assets donated to each NHS trust during the year.
2. The source of the data is NHS trust's summarisation schedules (TAC forms).

## 4.9 FHS EXPENDITURE ON PRESCRIBING

*The Committee would like to receive information on total FPS expenditure on prescribing for each year from 1991–92 to 1997–98, on the average expenditure per capita, on the total number of items prescribed and average number per capita, and the average cost per prescription. The Committee would also like to receive this*



information, for appropriate years, by non-fundholders and fundholders. Any commentary which the Department would wish to append would be welcome, including an assessment of progress in meeting its stated target of restraining "the growth in the drugs bill to sustainable and affordable limits". **What information will the Department hold on prescribing expenditure data for Primary Care Groups and Trusts? What level of reserve funds does the Department intend to hold so that where Primary Care Groups and Trusts go over their prescribing budgets their GPs will be able to continue to prescribe drugs to their patients?**

#### FPS EXPENDITURE ON PRESCRIBING

1. The information requested is shown in Tables 4.9.1 and 4.9.2. While every effort has been made to ensure that as far as possible the information is provided on a consistent basis in all tables, for example in the use of population data, the basic source of the data is slightly different. Table 4.9.1 is based on all prescription items *dispensed*, including a small number written by persons other than GPs and some written outside England, whereas Table 4.9.2 is based on items *prescribed* by GPs in England which have been dispensed in Great Britain.

#### IMPROVING THE COST EFFECTIVENESS OF THE DRUGS BILL

2. Action continues to improve the cost effectiveness of the drugs bill to ensure sustainable and affordable levels, as set out in paragraphs 4.84 to 4.89 of the Departmental Report (Cm 3612). Progress continues to be made on these initiatives. The rate of generic prescribing in 1997–98 increased to 60.7 per cent, as against 58.3 per cent in 1996–97.

3. The final outturn (cash) for 1997–98 is not yet available, but provisional returns indicate that the drugs bill increased by around 8.2 per cent, compared with 7.9 per cent in 1996–97.

#### PRESCRIBING EXPENDITURE BY PCGs AND PCTs

4. Information will be collected by the Prescription Pricing Authority on GP and nurse prescribing for the purposes of reimbursement to dispensing contractors, and this information will continue to be available to the Department. We expect to be able to identify this information by Primary Care Group and Trust.

5. The Department does not intend to hold reserve funds centrally for prescribing. Health Authorities will be expected to manage prescribing from within their unified allocation for prescribing, HCHS and GMS infrastructure.

**Table 4.9.1**  
**PRESCRIPTION ITEMS AND EXPENDITURE, 1991–92 TO 1997–98**

Financial Year	Expenditure		Prescription Items		England
	NIC	NIC/Head	Items	Items/Head	NIC/Item
	£m	£	m		£
1991–92	2,611	54	412	8.6	6.33
1992–93	2,926	60	430	8.9	6.81
1993–94	3,221	66	447	9.2	7.20
1994–95	3,488	72	462	9.5	7.54
1995–96	3,739	76	474	9.7	7.88
1996–97	4,072	83	487	9.9	8.37
1997–98	4,464	91	505	10.2	8.85

#### Footnotes:

1. *Source:* PCA, PPA (Prescription Pricing Authority), England. Figures are for prescription items dispensed by chemists and appliance contractors and dispensing doctors including items personally administered in England, for financial years April to March. Note that this includes a small proportion of prescriptions not written by GPs in England, for example, prescriptions written by dentists and prescriptions written in Wales and Scotland but dispensed in England.

2. NIC and items for 1997–98 have been estimated, since data for the full year are not yet available.

3. NIC is Net Ingredient Cost, the basic price of drugs before discounts, container costs, VAT, and without dispensing fees. It does not include adjustments for income obtained where a prescription charge is paid at the time of dispensing or where the patient has purchased a pre-payment certificate. All figures are expressed at outturn prices.

4. Items refers to the number of prescription items, not prescription forms.

5. Population estimates are based on ONS mid-year estimates of the resident England population.

**Table 4.9.2**  
**PRESCRIBING DATA FOR GP FUNDHOLDERS AND OTHER GPs:**  
 1991-92—1997-98

<i>Year</i>	<i>Expenditure</i>		<i>Prescription items</i>		
	<i>£M NIC</i>	<i>£ NIC/head</i>	<i>Items (M)</i>	<i>Items/head</i>	<i>£NIC/item</i>
1991-92					
GPFH	172	51	6	7.7	6.60
Non-FH	2,415	54	381	8.5	6.34
Total	2,587	54	407	8.4	6.36
1992-93					
GPFH	356	56	51	8.1	6.93
Non-FH	2,545	61	372	8.9	6.84
Total	2,902	60	423	8.8	6.85
1993-94					
GPFH	741	61	102	8.4	7.29
Non-FH	2,451	67	339	9.3	7.22
Total	3,192	66	441	9.1	7.24
1994-95					
GPFH	1,155	68	151	8.9	7.65
Non-FH	2,313	74	306	9.8	7.56
Total	3,468	72	457	9.5	7.59
1995-96					
GPFH	1,442	72	182	9.1	7.93
Non-FH	2,263	79	286	10.0	7.91
Total	3,706	76	468	9.6	7.92
1996-97					
GPFH	2,017	79	242	9.5	8.33
Non-FH	2,005	85	237	10.1	8.45
Total	4,022	82	480	9.8	8.39
1997-98					
GPFH	2,416	89	275	10.2	8.77
Non-FH	1,998	91	222	10.1	9.00
Total	4,415	90	497	10.2	8.87

## Footnotes:

1. *Source:* PACT data, PPA. Figures are for items prescribed by GPs in England and dispensed during the months April-March.
2. Expenditure is quoted throughout in Net Ingredient Cost (NIC) terms for comparison purposes. Fundholder spending is actually monitored against Actual Cost (after allowing for discounts and container costs).
3. Items refer to the number of prescribed items, not prescription forms.
4. Population estimates are based on the OPCS mid-year estimates of the resident England population.
5. The cost per head figures assume the following fundholder population coverage:
 

1991-92	7 per cent
1992-93	13 per cent
1993-94	25 per cent
1994-95	35 per cent
1995-96	41 per cent
1996-97	52 per cent
1997-98	56 per cent

#### 4.10 ALLOCATIONS TO NATIONAL SPECIALIST SERVICES

*What was the total allocation in 1996-97 and 1997-98 to each of the supra regional services and what is the planned allocation for 1998-99; and what significant changes have there been in the overall pattern of expenditure?*

1. The expenditure on each of the supra regional/national specialist services in 1996-97, 1997-98 and the service agreement value for 1998-99 is given in the table 4.10.1.

2. The National Specialist Commissioning Advisory Group (NSCAG) was established in April 1996 to advise Ministers on the identification and funding of services where central intervention into local commissioning of patient services was necessary for reasons of clinical effectiveness, equity of access, and/or economic viability. NSCAG superseded the Supra Regional Services Advisory Group.

3. Four new national services are being centrally funded from 1 April 1998:

*Severe Personality Disorder Service*

The Henderson Hospital, St. Helier NHS Trust has been designated to provide a therapeutic community approach for some severe personality disorder people. The purpose of NSCAG intervention is to kickstart development of this proven effective service outside the Thames regions. A full evaluation of the treatment will continue, and extend to examine whether the model of care transfers successfully to other sites.

*Inpatient Psychiatric Service for Deaf Children and Adolescents*

The provision of a 10 bedded unit at the Pathfinder Trust, South London, to treat deaf children and adolescents with severe emotional, behavioural, social and psychiatric problems. The unit aims to deal with referrals from all over England, in the first instance, until services in Birmingham and Manchester have time to develop along similar lines. The service includes substantial outreach work, and maintains strong links with local education and social service departments and will be subject to close evaluation.

*Treatment of Established Intestinal Failure*

The management of established intestinal failure. Two centres: St Marks Hospital, Northwick Park NHS Trust and The Hope Hospital, Salford Hospitals NHS Trust have been designed to provide the service.

*Gynaecological Reconstruction*

The specialised surgical and/or medical treatment, and counselling for young women with a rare congenital condition which means the genital tract is either absent or malformed. One centre, Hammersmith Hospitals NHS Trust has been designated to provide the service.

4. From 1 April 1998 a fourth unit, Royal Free Hospital, London, has joined the designated units providing management advice on Gaucher's Disease.

5. The funding of cardiothoracic transplantation (costing some £26 million in 1996-97) became the responsibility of health authorities from 1 April 1997. Apart from a small sum in correction of a PGO error therefore no central spending against this service after 1996-97. NSCAG has retained responsibility for designating the units permitted to provide this service.

6. There have been no other significant changes to the overall pattern of expenditure.

7. In 1998-99 the NHS Executive holds service agreements with 40 individual national specialist units.

**Table B4.10.1**

SUPRA REGIONAL SERVICES AND CENTRALLY COMMISSIONED SERVICES:  
1996-97, 1997-98 AND 1998-99

Service Unit	£000s					
	Total Expenditure £				Service Agreement £	
	1996-97		1997-98		1998-99	
	Unit	Total	Unit	Total	Unit	Total
<i>Choriocarcinoma</i>						
Weston Park, Sheffield	434		436		440	
Charing Cross, London	921	1,355	930	1,366	946	1,386
<i>Craniofacial</i>						
Radcliffe, Oxford	746		745		830	
Great Ormond Street	1,306		910		965	
Birmingham Children's Hospital	688	2,740	701		783	
Alder Hey			715	3,701	677	3,255



£000s						
Service Unit	Total Expenditure £		Service Agreement £			
	1996-97		1997-98		1998-99	
	Unit	Total	Unit	Total	Unit	Total
<i>Heart Transplantation</i>						
Freeman Hospital, Newcastle	3,150					
Northern General, Sheffield	1,298		38*			
Papworth Hospital, Cambridge	4,699					
Great Ormond Street, London	1,285					
Harefield Hospital	9,859					
St George's, London	1,598					
Wythenshawe, Manchester	2,451					
Queen Elizabeth, Birmingham	1,627	25,967		38*		
* Due to PGO payment error in 1996-97						
<i>Liver Transplantation</i>						
Addenbrooke's Cambridge	3,723		3,770		4,079	
King's College, London	7,004		7,030		7,225	
Queen Elizabeth, Birmingham	6,686		5,637		5,709	
Birmingham Children's Hospital			1,724		1,944	
St James's University Hospital	2,690		3,455		3,721	
Royal Free Hospital, London	2,351		2,472		2,618	
Freeman Hospital, Newcastle	2,177	24,631	2,479	26,567	2,728	28,025
<i>Paediatric Liver</i>						
King's College, London	2,718		2,740		2,927	
Birmingham Children's Hospital	1,456	4,174	1,345	4,085	1,382	4,309
<i>Endoprosthetic Replacement for Primary Bone Tumour</i>						
University College, London	1,617		1,520		1,546	
Royal National Orthopaedic	1,916		1,854		1,884	
Royal Orthopaedic, Birmingham	2,028	5,561	2,012	5,386	2,204	5,634
<i>Retinoblastoma</i>						
St Bartholomew's Hospital	1,159	1,159	1,062	1,062	1,271	1,271
<i>Severe Combined Immunodeficiency and Related Disorders</i>						
Royal Victoria Infirmary, Newcastle	1,472		1,751		1,799	
Great Ormond Street, London	1,552	3,024	1,203	2,953	1,315	3,114
<i>ECMO</i>						
Freeman			585		621	
Glenfield			1,744		1,714	
Great Ormond Street			1,822	4,151	1,772	4,107
<i>Ocular Oncology</i>						
Royal Liverpool			466		474	
Moorfields			1,159		1,294	
Royal Hallamshire			530	2,155	567	2,336
<i>Gaucher's Disease</i>						
Addenbrooke's, Cambridge			416		421	
Great Ormond Street, London			157		160	
Manchester Children's Hospital			157	730	97	
The Royal Free Hospital					225	903

						£000s
		Total Expenditure £		Service Agreement £		
Service Unit	1996-97	1997-98		1998-99		
	Unit	Total	Unit	Total	Unit	Total
<i>Total Anorectal Reconstruction (procedure evaluation)</i>						
Royal London			484	484	546	546
<i>Small Bowel Transplant (procedure evaluation)</i>						
Addenbrooke's, Cambridge			78		)	
Birmingham Children's Hospital			133	272	)	1,028*
St James's			62		)	
*Payments will be made as and when transplants or assessments in transplant occur						
<i>Severe Personality Disorder Service</i>						
Henderson Hospital					2,706	2,706
<i>Inpatient Psychiatric Service for Deaf Children and Adolescents</i>						
The Springfield Hospital					636	636
<i>Treatment of Established Intestinal Failure</i>						
The Hope Hospital					4,235	
Northwick Park					2,520	6,754
<i>Gynaecological Reconstruction</i>						
Hammersmith Hospitals					341	341
<b>TOTAL</b>		<b>68,611</b>		<b>52,321</b>		<b>66,351</b>

#### 4.11 MANAGEMENT COSTS

*What action is the Department taking to improve the way NHS management costs are measured and what progress is being made to reduce these costs in line with the commitment in The New NHS White Paper? Could the Department provide data relating to trends in management costs and the baseline figure which is to be used for future comparisons? How will the proposals in The New NHS White Paper help reduce management costs? Have there been any changes to the definition of management costs? How does the Department define the difference between management and treatment?*

#### INTRODUCTION

1. The Government is committed to reducing bureaucracy in the NHS and refocusing management effort towards improving health and health care.

To that end, action has been taken to:

- reduce management and administrative costs in the NHS through dismantling the internal market, including ending short-term, cost-per-case, contracts and ECRs, and replacing them with longer-term agreements;
- encourage the NHS to concentrate on reducing costs of support functions;
- in addition, we have improved the definition of trust management costs to provide a more accurate measure and improve the comparability between trusts. We have also redefined the definition of health authority costs to exclude costs of those functions that contribute to health and health gain.

2. Work is in hand to further improve the definitions of NHS management costs and ensure a fair basis for setting management cost reductions. The Government is committed to releasing £1 billion from management costs over five years.

## ACTION TO REDUCE MANAGEMENT COSTS

### *Reductions in 1998–99*

3. On 23 December, the Minister of State for Health announced an £80 million reduction in management costs in 1998–99. This is over and above the £84 million reduction to be delivered in 1997–98. By the end of this year, around £ $\frac{1}{4}$  billion which would otherwise have been spent on bureaucracy, will therefore have been released to support patient care.

The £80 million real terms reduction will consist of:

- £36 million reduction in NHS trust management costs;
- £12 million reduction in health authority costs;
- £25 million from GP fundholding management allowances and computer costs.

In addition, the costs of running the Department of Health will be reduced by £7 million in real terms.

### *Further Reductions*

4. Action will continue to reduce management costs in “outlier” NHS trusts. Further savings will be achieved later in the parliament through a range of actions set out in the White Paper:

- (i) As a result of abolishing fundholding and establishing Primary Care Groups, the number of *commissioners* will be reduced, from about 4,000 to 500.
- (ii) We expect that as the changes set out in the White Paper lead to greater collaboration, over time the number of NHS trusts will reduce, and there will be fewer, more strategic health authorities. The Government has set a target for reductions in costs for each trust merger so that, within two years they should achieve a minimum of £0.5 million of administrative savings.
- (iii) We also expect savings from reducing “core costs” in Health Authorities. Work on the functions and costs of HAs has demonstrated considerable variation between HAs in the costs of both “core” and “non-core” functions. It suggested the potential for significant savings from “core” expenditure such as family health services, administration, finance and information and headquarters and statutory functions which could be re-invested in the “non-core” areas crucial to extending the strategic role of HAs. Guidance to the NHS (FLD(97)40) emphasised the importance of reducing “core” costs in the areas identified above. This will allow additional investment in areas which are key to delivering Government priorities, including the objectives set out in the White Paper, *The New NHS*, and the *Our Healthier Nation* Green Paper. Work is in hand to explore the scope for further redeployment of management costs from “core” to “non-core” functions.

## DEFINITIONS OF NHS MANAGEMENT COSTS

### *Health Authority Costs*

5. The definition of Health Authority Costs is based on a health authority’s net total expenditure less a number of specific costs such as the provision of health services, payments to primary care contractors and inherited costs.

6. The details of the definition have changed slightly over the last two years. In 1997–98 some expenditure that had previously been included in HA costs (Medical Audit Advisory Groups, port health inspection, payments for services performed for local authorities and certain costs associated with Total Purchasing Pilots) were excluded.

7. The definition was further refined for 1998–99 with the main exclusions the salary costs of public health professionals and prescribing advisers, as well as costs incurred in tackling the Year 2000 problem and new expenditure on FHS fraud.

8. Work is in train to develop a combined measure of management costs for HAs and PCGs to fulfil the White Paper commitment to set a single HA and PCG management cost envelope.

### *Trust management costs*

9. Trust management costs include the salary costs of all senior managers in clinical and operational, and support functions. It also includes the salary costs of all staff working in corporate functions. From 1998–99, a new measure of trust management costs has been introduced for 1998–99. This is a more robust measure



and improves comparability between trusts thereby providing a fairer basis for target setting. The main changes are:

*Contracted-out Services:* the manpower costs incurred by contractors in providing services to NHS trusts are now included in the calculation of management costs.

*Apportionment of management time of clinical staff:* the costs of all staff with dual managerial and clinical functions are now to be apportioned between these functions and only time spent on management included.

*Consortia arrangements:* the relevant costs of consortia arrangements should be apportioned across all members of the consortium and recorded in each member's management costs.

*For 1998–99 only:*

*Year 2000 costs:* the costs of IT staff specifically involved in tackling the Year 2000 problem should be excluded from the calculation of management costs.

*Road Traffic Accident Income:* the salary costs of trust staff involved in the recovery of income from treating victims of road traffic accidents should be excluded from the calculation of management costs.

10. Work is currently under way to review the basis for measuring and targeting NHS trust management costs. This work will help to establish the appropriate level of management effort needed for trusts to perform core functions and provide trusts with information for benchmarking purposes.

TRENDS IN NHS MANAGEMENT COSTS

11. Table 4.11.1 shows trends in NHS management costs since 1995–96, including planned NHS management costs for 1998–99 on the current definition. Reductions implemented by this Government will be demonstrated against the 1996–97 baseline of £1,838 million.

Table 4.11.1

NHS MANAGEMENT COSTS 1997–98 TO 1998–99

	£ million			
	1996–97 <i>plan</i>	1997–98 <i>plan</i>	1997–98 <i>(rebased)</i>	1998–99 <i>plan</i>
HA	451	439 <sup>1</sup>	409 <sup>2</sup>	408
NHS Trusts	1,233	1,211	1,322 <sup>2</sup>	1,322
GPFH	154	150	150	135
<b>TOTAL</b>	<b>1,838</b>	<b>1,800</b>	<b>1,881</b>	<b>1,865</b>

Footnote:

1. Definition of HA costs changed slightly for 1997–98 (refer para 6). Under the previous definition, this plan would have been £444 million.

2. 1997–98 plans were “rebased” to set fair management cost targets for 1998–99, in light of changes of definition of HA and NHS Trust management costs (refer para 7 for changes to HA definition, and para 9 for changes to definition of NHS Trust management costs).

*Difference between management and treatment*

12. The Department’s definition of NHS management costs is described above. Costs falling outside the definition of management costs are assumed to contribute directly (eg clinical services), or indirectly (eg hotel services) to the provision of patient care, and are therefore excluded.

4.12 ACTIVITY DATA

*The Committee would like to receive tables showing activity data by region for 1996–97 and 1997–98, including: total activity, with trends; activity by In, Day-Case and Outpatient; maternity and simple access data (formerly table C1.5). Can the Department provide figures for the ratio of Finished Consultant Episodes (FCEs) to hospital spells by Region for the same period? To what extent do a relatively small number of providers depart from the overall pattern? What value does the Department place on the collection of data on FCEs?*

- 1. The updated activity data required are shown in the tables 4.12.1 to 4.12.11.

**Notes on Tables 4.12.1, and 4.12.3 to 4.12.7**

2. Figures for 1995–96 in tables 4.12.1 and 4.12.3 to 4.12.7 differ from those presented to the Committee last year. Figures for 1996–97 in the same tables differ from those previously published by the Department. Analysis has revealed errors in data reported by some NHS trusts on numbers of delivery episodes and well babies, caused by a change to the way data were collected from 1995–96. The figures for ordinary admissions in the acute and maternity sectors presented in this year’s evidence are estimates, removing the effect of the errors. Work continues to collate fully corrected figures, and revised time series of data will be published in late summer along with data for 1997–98.

**Notes on Table 4.12.2**

3. Some of the figures in table 4.12.2 for 1995–96 that have been derived from Hospital Episode Statistics may differ slightly from those provided in last year’s submission. This is because minor changes have been made to the 1995–96 data in order to improve the accuracy of the HES database.

**1996–97 Data Quality**

4. The 1996–97 HES data has been affected by a change in the data collection process which was necessitated by the decommissioning of the Regional Health Authority databases following the Functions and Manpower Review. HES data now flows via the NHS Wide Clearing Service (NWCS) which has required and achieved major technical changes of NHS information systems, but has inevitably suffered “teething troubles”. The 1996–97 data year was a transition year for part of the NHS migrating to the NWCS and the centre had to cater for mixed data flows through both the old and new transmission systems. As a result the current provisional HES data for 1996–97 is seriously incomplete for some Regional Offices. However cross checks suggest the figures are representative enough for the purposes of the tables.

**Ordinary and Day-Case Admissions**

5. Data in the table 4.12.2 have been uplifted to compensate for known deficiencies by comparing the HES counts with their recorded equivalent (KP70) counts. Information for each Regional Office is shown below. For example, for Northern & Yorkshire RO only 76.9 per cent of expected HES records (as measured against KP70) have been received so the Northern and Yorkshire figure in the table has been uplifted by a factor of 100/76.9 ie 1.30.

<i>RO Area</i>	<i>HES as % of total KP70</i>	<i>Multiplying factor</i>
Northern & Yorkshire	76.9	1.30
Trent	96.9	1.03
Anglia & Oxford	60.3	1.66
North Thames	78.9	1.27
South Thames	97.3	1.03
South Western	100.1	0.999
West Midlands	100.0	1.00
North Western	98.3	1.02

6. Work is still continuing with Trusts and the NWCS to capture the missing HES records for 1996–97, and improve the data quality of those records we have received. Once these problems are resolved the NWCS should provide the future mechanism for faster flowing, better quality data. However, we cannot at this stage estimate how long it will take to bed in the new system, and we expect that 1997–98 data may be similarly affected.

Table 4.12.1

## FINISHED CONSULTANT EPISODES (ORDINARY ADMISSIONS AND DAY CASES COMBINED) IN ACUTE GERIATRIC AND MATERNITY SECTORS

Year and Sector	<i>thousands</i>								
	England	Northern & Yorkshire	Trent	Anglia & Oxford	North Thames	South Thames	South & West	West Midlands	North West
Acute									
1995-96	8,563	1,207	884	828	1,164	1,032	1,121	921	1,406
1996-97	8,757	1,245	917	853	1,168	1,038	1,147	936	1,452
per cent change									
1995-96 to 1996-97	2.3	3.2	3.7	3.1	0.3	0.6	2.4	1.7	3.3
Geriatric									
1995-96	563	82	57	56	79	77	72	44	94
1996-97	553	82	50	53	79	78	71	47	92
per cent change									
1995-96 to 1996-97	-1.7	-1.1	-12.2	-5.1	-0.4	1.4	-1.4	7.3	-2.0
Maternity									
1995-96	1,082	141	101	107	168	146	133	126	158
1996-97	1,139	147	107	111	170	151	141	133	178
per cent change									
1995-96 to 1996-97	5.3	4.7	5.9	3.9	1.3	2.9	5.9	5.1	12.5

## Footnotes:

1. Figures reflect Regional Offices as in 1995-96.
2. Figures for well babies are not included in totals for acute or maternity.
3. NHS hospitals in England.
4. Percentages calculated on unrounded figures.
5. Source: KP70 return.

Table 4.12.2

## ORDINARY AND DAY CASE ADMISSIONS COMBINED, BY METHOD OF ADMISSION AND REGIONAL OFFICE

	<i>thousands</i>								
	England	Northern & Yorkshire	Trent	Anglia & Oxford	North Thames	South Thames	South & West	West Midlands	North West
Year 1995-96									
Waiting list	2,666	405	270	229	329	286	371	312	464
Booked	1,699	263	110	185	288	269	180	143	259
Planned	558	76	53	57	72	39	109	50	101
Emergency	3,543	567	326	328	476	443	443	394	565
Total	8,466	1,311	760	800	1,165	1,038	1,102	900	1,390
Emergency as percentage of total	41.8	43.2	43.0	41.1	40.9	42.7	40.1	43.8	40.6
Maternity antepartum (not included in above total)	918	125	76	81	142	136	105	112	141
Year 1996-97 (Best estimates currently available)									
Waiting list	2,666	383	287	231	324	308	355	300	477
Booked	1,675	271	118	199	283	232	174	132	266
Planned	634	77	65	66	88	47	119	66	106
Emergency	3,545	531	361	328	482	447	431	392	574
Total	8,520	1,262	832	825	1,177	1,033	1,078	890	1,423
Emergency as percentage of total	41.6	42.0	43.4	39.8	40.9	43.2	39.9	44.0	40.3
Maternity antepartum (not included in above total)	957	124	89	91	143	135	111	115	148



**Table 4.12.3****FINISHED CONSULTANT EPISODES, ORDINARY ADMISSIONS, GENERAL AND ACUTE SECTOR**

<i>Year and Sector</i>	<i>thousands</i>								
	<i>England</i>	<i>Northern &amp; Yorkshire</i>	<i>Trent</i>	<i>Anglia &amp; Oxford</i>	<i>North Thames</i>	<i>South Thames</i>	<i>South &amp; West</i>	<i>West Midlands</i>	<i>North West</i>
1995-96	6,341	903	685	626	835	767	844	681	1,000
1996-97	6,391	915	695	634	831	772	840	693	1,011
Per cent change 1995-96 to 1996-97	0.8	1.3	1.5	1.4	-0.5	0.6	-0.5	1.9	1.1

## Footnotes:

1. Figures reflect Regional Offices as in 1996-97.
2. Figures for well babies are not included.
3. NHS hospitals in England.
4. Percentages calculated on unrounded figures.
5. Source: KP70 return.

**Table 4.12.4****FINISHED CONSULTANT EPISODES, ORDINARY ADMISSIONS PER 10,000 RESIDENT POPULATION, GENERAL AND ACUTE SECTOR**

<i>Year and Sector</i>	<i>thousands</i>								
	<i>England</i>	<i>Northern &amp; Yorkshire</i>	<i>Trent</i>	<i>Anglia &amp; Oxford</i>	<i>North Thames</i>	<i>South Thames</i>	<i>South &amp; West</i>	<i>West Midlands</i>	<i>North West</i>
1995-96	1,297	1,425	1,341	1,177	1,215	1,131	1,285	1,283	1,512
1996-97	1,302	1,443	1,357	1,183	1,198	1,131	1,274	1,304	1,531
Per cent change 1995-96 to 1996-97	0.4	1.3	1.2	0.5	-1.4	0.0	-0.9	1.7	1.2

## Footnotes:

1. Figures reflect Regional Offices as in 1996-97.
2. Figures for well babies are not included.
3. NHS hospitals in England.
4. Percentages calculated on unrounded figures.
5. Source: KP70 return.

**Table 4.12.5****FINISHED CONSULTANT EPISODES, DAY CASES, GENERAL AND ACUTE SECTOR**

<i>Year and Sector</i>	<i>thousands</i>								
	<i>England</i>	<i>Northern &amp; Yorkshire</i>	<i>Trent</i>	<i>Anglia &amp; Oxford</i>	<i>North Thames</i>	<i>South Thames</i>	<i>South &amp; West</i>	<i>West Midlands</i>	<i>North West</i>
1995-96	2,785	386	257	258	409	342	349	284	500
1996-97	2,919	412	272	272	416	345	379	290	533
Per cent change 1995-96 to 1996-97	4.8	6.8	6.1	5.5	1.7	0.8	8.5	2.0	6.6

## Footnotes:

1. Figures reflect Regional Offices as in 1996-97.
2. NHS hospitals in England.
3. Percentages calculated on unrounded figures.
4. Source: KP70 return.

**Table 4.12.6****FINISHED CONSULTANT EPISODES, DAY CASES PER 10,000 RESIDENT POPULATION, GENERAL AND ACUTE SECTOR**

<i>Year and Sector</i>	<i>thousands</i>								
	<i>England</i>	<i>Northern &amp; Yorkshire</i>	<i>Trent</i>	<i>Anglia &amp; Oxford</i>	<i>North Thames</i>	<i>South Thames</i>	<i>South &amp; West</i>	<i>West Midlands</i>	<i>North West</i>
1995-96	569	609	502	485	595	505	532	536	756
1996-97	595	650	532	507	600	506	574	546	807
Per cent change 1995-96 to 1996-97	4.4	6.7	5.8	4.6	0.8	0.3	8.1	1.8	6.8

Footnotes:

1. Figures reflect Regional Offices as in 1996-97.
2. NHS hospitals in England.
3. Percentages calculated on unrounded figures.
4. Source: KP70 return.

**Table 4.12.7****FINISHED CONSULTANT EPISODES, ORDINARY ADMISSIONS AND DAY CASES, GENERAL AND ACUTE SECTOR**

<i>Year and Sector</i>	<i>thousands</i>								
	<i>England</i>	<i>Northern &amp; Yorkshire</i>	<i>Trent</i>	<i>Anglia &amp; Oxford</i>	<i>North Thames</i>	<i>South Thames</i>	<i>South &amp; West</i>	<i>West Midlands</i>	<i>North West</i>
1995-96	9,125	1,289	942	883	1,244	1,109	1,193	965	1,500
1996-97	9,310	1,327	967	906	1,247	1,117	1,219	983	1,544
Per cent change 1995-96 to 1996-97	2.0	2.9	2.7	2.6	0.2	0.7	2.1	1.9	3.0

Footnotes:

1. Figures reflect Regional Offices as in 1996-97.
2. Figures for well babies are not included.
3. NHS hospitals in England.
4. Percentages calculated on unrounded figures.
5. Source: KP70 return.

**Table 4.12.8****NEW OUTPATIENT ATTENDANCES, GENERAL AND ACUTE SECTOR**

<i>Year</i>	<i>thousands</i>								
	<i>England</i>	<i>Northern &amp; Yorkshire</i>	<i>Trent</i>	<i>Anglia &amp; Oxford</i>	<i>North Thames</i>	<i>South Thames</i>	<i>South &amp; West</i>	<i>West Midlands</i>	<i>North West</i>
1995-96	10,128	1,269	1,063	1,059	1,612	1,422	1,229	1,014	1,460
1996-97	10,419	1,291	1,134	1,063	1,688	1,457	1,274	1,046	1,467
Per cent change 1995-96 to 1996-97	2.9	1.7	6.8	0.3	4.7	2.5	3.6	3.2	0.4

Footnotes:

1. Figures reflect Regional Offices as in 1996-97.
2. NHS hospitals in England.
3. Percentages calculated on unrounded figures.
4. Two Trusts in North West region re-classified activity from outpatients to day cases in 1995-96.
5. Source: KH09 return.

**Table 4.12.9****NEW OUTPATIENT ATTENDANCES PER 10,000 RESIDENT POPULATION, GENERAL AND ACUTE SECTOR**

<i>Year</i>	<i>England</i>	<i>Northern &amp; Yorkshire</i>	<i>Trent</i>	<i>Anglia &amp; Oxford</i>	<i>North Thames</i>	<i>South Thames</i>	<i>South &amp; West</i>	<i>West Midlands</i>	<i>North West</i>
1995-96	2,071	2,002	2,080	1,992	2,346	2,097	1,871	1,910	2,208
1996-97	2,123	2,037	2,215	1,982	2,435	2,137	1,931	1,967	2,220
Per cent change 1995-96 to 1996-97	2.5	1.7	6.5	-0.5	3.8	1.9	3.2	3.0	0.6

## Footnotes:

1. Figures reflect Regional Offices as in 1996-97.
2. NHS hospitals in England.
3. Percentages calculated on unrounded figures.
4. Two Trusts in North West region re-classified activity from outpatients to day cases in 1995-96.
5. Source: KH09 return.

**Table 4.12.10****WARD ATTENDERS, GENERAL AND ACUTE SECTOR**

<i>Year</i>	<i>England</i>	<i>Northern &amp; Yorkshire</i>	<i>Trent</i>	<i>Anglia &amp; Oxford</i>	<i>North Thames</i>	<i>South Thames</i>	<i>South &amp; West</i>	<i>West Midlands</i>	<i>North West</i>
1995-96	700	150	61	70	100	88	96	62	74
1996-97	691	153	58	64	93	92	82	60	89
Per cent change 1995-96 to 1996-97	-1.2	1.7	-4.6	-8.6	-6.5	4.9	-14.4	-2.4	20.1

## Footnotes:

1. Figures reflect Regional Offices as in 1996-97.
2. NHS hospitals in England.
3. Percentages calculated on unrounded figures.
4. Source: KH05.

**Table 4.12.11****WARD ATTENDERS PER 10,000 RESIDENT POPULATION, GENERAL AND ACUTE SECTOR**

<i>Year</i>	<i>England</i>	<i>Northern &amp; Yorkshire</i>	<i>Trent</i>	<i>Anglia &amp; Oxford</i>	<i>North Thames</i>	<i>South Thames</i>	<i>South &amp; West</i>	<i>West Midlands</i>	<i>North West</i>
1995-96	143	237	119	131	145	129	146	116	112
1996-97	141	241	113	119	135	135	124	113	135
Per cent change 1995-96 to 1996-97	-1.6	1.7	-4.8	-9.3	-7.4	4.4	-14.8	-2.6	20.3

## Footnotes:

1. Figures reflect Regional Offices as in 1996-97.
2. NHS hospitals in England.
3. Percentages calculated on unrounded figures.
4. Source: KH05.

**FCE/Hospital Spell Ratio**

7. The latest information on FCE/hospital spell ratios by region and nationally is given in the table below. Admissions within the year have been used as a proxy for spells. These figures supersede and update those provided last year and are based on an analysis of the HES data which has now been subjected to a number of cleaning procedures which are designed to correct obvious coding errors. All of the figures presented for 1996-97 should be treated as provisional. Changes are likely to be made prior to final publication (a copy of the publication *Hospital Episode Statistics* containing these revisions will be deposited in the House of Commons library in due course. A version on CD rom will be available first).



Table 4.12.12

FCE/HOSPITAL SPELL RATIOS, GENERAL & ACUTE, BY REGIONAL OFFICE,  
NHS HOSPITALS, ENGLAND, 1995-96—1996-97

	1995-96	1996-97 ( <i>Provisional and ungrossed</i> )
Northern & Yorkshire	1.053	1.065
Trent	1.060	1.068
Anglia & Oxford	1.087	1.107
North Thames	1.064	1.066
South Thames	1.064	1.070
South & West	1.104	1.151
West Midlands	1.068	1.078
North & West	1.068	1.086
England	1.070	1.086

8. There will always be more FCEs than hospital spells because a proportion of patients will be transferred from the care of one consultant to another in the course of their hospital stay to receive different treatment. The extent of transfers may vary between providers or over time for a number of reasons. In particular:

- (a) the increasing proportion of elderly treated in hospital, who are more likely to need treatment by more than one consultant;
- (b) medical advance means that the NHS can provide more treatment when a patient is admitted to hospital and best clinical practice is changing the pattern of treatment to one of increased specialisation with more consultants involved;
- (c) improved arrangements for handling emergency admissions under the care of an A & E consultant with subsequent transfer to the appropriate consultant in another specialty.

9. Within the overall figures there are a small number of provider units which have a significantly higher FCEs/spells ratio than the national figure. Providers with a ratio greater than 1.15 and with more than 10,000 FCEs are listed in the table below. The variation in ratio from provider to provider may be quite legitimate and may be due to a number of factors, including balance of services, case mix, clinical policy, and data quality. In some cases, higher ratios are due to a failure to code episodes according to nationally agreed definitions.

Table 4.12.13

PROVIDER UNITS WITH FCEs/HOSPITAL SPELLS RATIO GREATER THAN 1.15 IN 1996-97  
AND WITH MORE THAN 10,000 FCEs—GENERAL AND ACUTE

<i>Position</i>	<i>Provider</i>	<i>Region</i>	<i>Spells</i>	<i>FCEs</i>	<i>Ratio</i>	<i>Position/ratio in 1995-96</i>
1	Aintree Hospitals	North West	56,908	71,335	1.254	3 (1.184)
2	Royal Liverpool and Broadgreen	North West	68,803	86,208	1.253	2 (1.203)
3	St. Helier's	South Thames	30,032	37,101	1.235	1 (1.310)
4	Royal Cornwall Hospital	South and West	51,305	61,756	1.204	37 (1.106)
5	Norfolk and Norwich	Anglia and Oxford	83,226	100,096	1.203	24 (1.124)
6	Wirral Hospital	North West	69,985	84,076	1.201	94 (1.064)
7	St. Helens and Knowsley	North West	53,940	64,539	1.196	8 (1.154)
8	Countess of Chester Hospital	North West	38,655	45,964	1.189	8 (1.156)
9	Milton Keynes General	Anglia and Oxford	22,996	26,973	1.173	6 (1.164)
10	Walsall Hospitals	West Midlands	36,253	42,294	1.167	31 (1.112)
11	St Marys Hospital	North Thames	20,541	23,874	1.162	16 (1.140)

<i>Position</i>	<i>Provider</i>	<i>Region</i>	<i>Spells</i>	<i>FCEs</i>	<i>Ratio</i>	<i>Position/ratio in 1995–96</i>
12	Addenbrookes	Anglia and Oxford	64,683	74,618	1.154	5 (1.166)
13	Blackburn Hynd and Ribble	North West	51,838	59,796	1.154	7 (1.151)
14	Heatherwood and Wrexham	Anglia and Oxford	41,614	47,988	1.153	29 (1.114)
15	Nottingham University	Trent	80,553	92,875	1.153	9 (1.154)

## Footnotes:

1. Data are provisional and ungrossed.
2. Royal United Hospital Bath NHS Trust had a ratio of 3.265 but have been excluded from this table because of incorrect recording practices. This is being followed up by local performance managers.

**What value does the Department place on the collection of data on FCEs?**

10. The finished consultant episode (FCE) is the standard measure of hospital inpatient activity; it was introduced in the 1980s following widespread consultation with NHS managers and clinicians about appropriate measures of consultant workload. The FCE represents a completed period of inpatient treatment under the care of an individual hospital consultant and in about 95 per cent of cases represents a complete spell in hospital. It was considered a better measure of consultant workload than the previous measure which related to deaths in and discharges from hospital. FCEs represent a basic count of activity and give no indication of quality or effectiveness on which the Government is actively seeking to introduce new, supplementary measures.

11. The number of finished consultant episodes (FCEs) is not the same as the number of individual patients treated. In the course of a year the same person may have several hospital spells, and in any given spell there may be more than one episode.

**4.13 AVERAGE DAILY NUMBER OF BEDS**

*Could the Department provide information on 10 year trends in bed availability and patient throughput for each major hospital sector and for each Trust? Could information on bed occupancy (collected for the first time in 1996–97) and occupancy rates also be included?*

*Could the Department provide figures for the number of delayed discharges of patients from acute settings and a commentary on how these delays are being addressed.*

1. Information on 10 year trends in bed availability, bed and patient throughput in each major hospital sector is shown in table 4.13.1. Information on bed availability and bed occupancy for each trust is shown in the publication “Bed Availability and Occupancy 1996–97, England”. A copy of this publication is provided separately for the Committee.

**Delayed Discharges**

2. Figures on the number of delayed discharges of patients from acute settings are shown in table 4.13.2.

3. Established good practice in hospital discharge seeks to balance the needs and wishes of patients and their carers with the requirement to make the most effective use of available resources. While it is in no one’s interest for patients to stay in hospital for longer than they need to, hospital discharge procedures need to be sensitive to individuals’ needs, particularly for older people. The Government want to encourage this patient centred approach to all the work done to improve services for people who may require long-term care. The Government’s manifesto made a commitment to introduce a charter for long-term care which will set out what people can expect from health, social services and housing. We will also be issuing further guidance on hospital discharge procedures, including delayed discharge.

4. In addition, there are many patients who need to be given the time and opportunity to recover properly from any treatment they have received in hospital. A period of recovery, integrated assessment and rehabilitation after major hospital treatment is crucial for maximising the opportunities for individuals, avoiding early admission to residential and nursing homes and supporting people to live safely at home. There is an increasing awareness of the need for the provision of rehabilitation services and how they might address the problems presented by delayed discharges and inappropriate hospital admission.

5. The £269 million funding for the NHS in England, announced in October was aimed at helping hospitals cope with medical emergencies, reducing delays in discharging patients and also reducing the need for people to be admitted to hospital in the first place.



6. It is crucial that hospital and social services departments work together to ensure that integrated and sensitive hospital discharge arrangements are in place for people with long term care needs. For health authorities and social services departments to be able to assess need, plan and arrange or provide services effectively it is important to develop joint information bases for activity and financial information. In some areas, where progress has been made in tackling delayed discharge over recent months, local agencies have identified and shared the data they need to examine the problem and find solutions.

Table 4.13.1

AVERAGE DAILY NUMBER OF AVAILABLE AND OCCUPIED BEDS<sup>(1)</sup> AND THROUGHPUT<sup>(2)</sup>  
BY SECTOR: NHS TRUSTS IN ENGLAND

*Bed days—thousands*

<i>Year</i>	<i>All specialities</i>	<i>Acute</i>	<i>Geriatric</i>	<i>General and acute<sup>(3)</sup></i>	<i>Mental illness</i>	<i>Learning disability<sup>(6)</sup></i>	<i>Maternity</i>	<i>Day only<sup>(4)</sup></i>
<b>NUMBER OF AVAILABLE BEDS<sup>(1)</sup></b>								
1986	316	133	55	188	72	39	16	2
1992–93	232	113	40	153	47	19	13	4
1993–94	219	110	37	147	44	16	13	5
1994–95	212	108	37	145	42	13	12	6
1995–96	206	108	34	143	39	13	11	7
1996–97	199	109	32	140	38	10	11	7
<i>Average annual change (%)</i>								
1986 to 1996–97	–4.5	–2.0	–5.3	–2.9	–6.3	–13.2	–3.8	11.6
1995–96 to 1996–97	–3.6	0.3	–7.3	–1.5	–4.7	–24.2	–3.1	2.6
<b>NUMBER OF OCCUPIED BEDS<sup>(5)</sup></b>								
1996–97	161	86	28	113	33	8	7	5
<i>Occupancy (%)</i>								
1996–97	81.2	78.9	86.9	80.7	86.9	86.5	62.9	81.7
<b>THROUGHPUT<sup>(2)</sup></b>								
1986	20.8	37.9	7.1	28.9	2.9	1.3	54.1	—
1992–93	31.1	48.5	13.1	39.2	4.9	2.9	71.6	—
1993–94	33.7	50.8	14.8	41.6	5.4	3.3	77.5	—
1994–95	35.3	52.4	14.9	42.9	5.7	3.9	81.4	—
1995–96	37.9	54.0	16.1	44.8	6.1	4.1	98.5	—
1996–97	39.3	54.0	17.1	45.6	6.3	5.8	101.0	—
<i>Average annual change (%)</i>								
1986 to 1996–97	6.6	3.6	9.1	4.7	8.0	15.9	6.4	—
1995–96 to 1996–97	3.8	0.0	6.1	1.7	4.5	41.6	2.5	—

## Footnotes:

1. Annual total number of bed days available divided by the number of days in the year. Figures for 1996–97 exclude beds in paediatric intensive care wards, as these were not counted in previous years.

2. Number of finished consultant episodes for ordinary admissions per available bed. Figures exclude well babies, because the beds data exclude neonatal cots. Not applicable for day only beds.

3. General and acute is defined as acute plus geriatric (excluding well babies for ordinary admissions).

4. 1986 figures for Day only beds are the number of beds in day case units only.

5. 1996–97 is the first year for the collection of Bed Occupancy figures.

6. A revised return in 1996–97 included a count of NHS managed beds in residential care. Several Trusts reclassified beds previously counted as learning disability beds in hospital, and counted them as residential.

7. The sources of the data are:

Form SH3 for 1986

Forms KH03 and KP70 for 1992–93 onwards.



**Table 4.13.2**  
**NUMBER OF PATIENTS WITH DELAYED DISCHARGE**

<i>Year</i>	<i>Quarter</i>	<i>Number of Patients</i>
1994-95	Q4	5,775
1995-96	Q2	6,690
1995-96	Q4	7,159
1996-96	Q1	6,559
1996-97	Q3	6,455
1996-97	Q4	6,985
1997-98	Q1	6,132
1997-98	Q2	6,774
1997-98	Q3	6,337

*Footnote:*

1. Figures before 1996-97 were collected by survey. Figures from 1996-97 are taken from Quarterly monitoring returns.

#### 4.14 MATERNITY HOSPITAL EPISODE SYSTEM

*How many maternities were registered in each NHS region in 1996-97 and how many records in the Maternity Hospital Episode System had (i) maternity tails and, (ii) maternity tails containing data?*

*Could the Department also provide tabulations for 1996-97 in the same format as those provided to the Committee for 1989-90, which were published on pages 372-378 of HC29-II and which were subsequently provided for the years 1990-91 to 1995-96? What action is being taken to improve quality and completeness of the data?*

1. The data requested are contained in tables 4.14.1 to 4.14.7. In each table the Regional Office Area tabulated is that in which the delivery took place. Please note that due to delays in the collection of 1996-97 Hospital Episode Statistics (HES) data, the figures presented in tables 4.14.2 to 4.14.7 should be treated as provisional and may be subject to change. An explanation about the difficulties experienced in connection with HES data is included in the reply to question 4.12, although data in tables 4.14.1 to 4.14.7 has not been uplifted.

2. The Department continues to take action to improve NHS data quality. The most significant is encouraging Trusts to follow through the process known as Data Accreditation. This is a three stage audit of data management and outputs recommended to trusts in EL(97)47 "Managing Data Quality Improvements and Data accreditation". HES data quality improvement should result as a by-product of trusts undertaking Data Accreditation for contracting flows.

3. Other recent action has included the development of guidance on the effective management of data, the Data Administration Good Practice Guidelines. A further tool to test the quality of data collected by NHS Trusts is the Data Quality Audit Framework for Coded Clinical Data, produced by the NHS Centre for Coding and Classification. This publication is widely available within the NHS. The NHS Centre for Coding and Classification are about to complete a comprehensive programme of training which includes a module on auditing clinical data.

4. In terms of HES data in particular, this is now being extracted from in-patient data passing through the NHS-wide Clearing Service and will be available to the Department on a more timely basis. Data is extracted quarterly, 3 months after the end of the quarter to which it relates and because of this the Department is able to feed back more quickly to data providers information about the quality of the data supplied. There have however been teething troubles, as pointed out in the reply to question 4.12, but the Department does contact large numbers of Trusts, and many come direct to the Department, with queries regarding HES. Trusts are generally very concerned to ensure that HES should reflect their data accurately. Over the last few years the profile and significance of HES has been raised and many Trusts are making significant efforts to improve the overall quality of their data.

5. Regional involvement in improving HES data has been variable but some have been immensely supportive, holding workshops and regular meetings and generally making every effort to improve data quality. For example one region has set up a specific task force to chase and improve the data. Other regions have been constrained by lack of staff or resources and in these cases the central part of the Department has intervened to chase up queries with Trusts.

6. There have been significant improvements in general data quality over the years as the Department has raised the profile of HES, but unfortunately because of the problems with the move to the NHS-wide Clearing Service 1996-97 has been a transitional year and the data has not been as good as previous years for some Regions. However, most importantly there has been a change in the attitude of Trusts who are increasingly keen to help and improve the quality of HES data.

7. The Department expects Trusts to pay more attention to the quality of maternity information following the publication of data covering the first six years of Maternity HES in the Statistical Bulletin "NHS Maternity Statistics, England: 1989–90 to 1994–95". The bulletin was published in December 1997 and it has generated considerable interest. Publication of a second bulletin to include 1995–96 data is planned for late summer 1998.

TABLE 4.14.1

NHS HOSPITAL MATERNITIES REGISTERED BY  
REGION OF OCCURRENCE 1996–97

<i>Regional Office Area</i>	<i>Number of Maternities</i>
Northern and Yorkshire	74,485
Trent	56,653
Anglia and Oxford	64,342
North Thames	94,045
South Thames	85,224
South and West	70,587
West Midlands	67,422
North Western	81,683
ENGLAND	594,441

*Footnote:*

1. Source: ONS, aggregated from unit level by DH SD2B.

TABLE 4.14.2

NUMBER OF NHS HOSPITAL DELIVERY RECORDS AND ESTIMATED TAILS  
WITH DATA IN MATERNITY HOSPITAL EPISODE STATISTICS 1996–97

<i>Regional Office Area</i>	<i>Maternity Records</i>	<i>Estimated Maternity Records containing data</i>
Northern and Yorkshire	55,325	19,143
Trent	52,277	40,170
Anglia and Oxford	42,517	19,030
North Thames	97,182	47,820
South Thames	80,602	50,996
South and West	70,954	43,694
West Midlands	67,350	64,998
North Western	84,189	73,953
ENGLAND	550,396	359,806

*Footnotes:*

1. Source: Hospital Episode Statistics (Maternity), produced by DH SD2B.
2. Records containing data are those with a valid method of delivery in the maternity tail.

TABLE 4.14.3

## NHS HOSPITAL DELIVERIES: PLACE OF DELIVERY BY REGION 1996-97

<i>Regional Office Area</i>	<i>Estimated Percentages</i>				
	<i>All Places</i>	<i>Consultant</i>	<i>GP ward</i>	<i>Consultant/ GP ward</i>	<i>Other ward</i>
Northern and Yorkshire	100	80	0	14	6
Trent	100	42	2	50	6
Anglia and Oxford	100	74	2	25	0
North Thames	100	56	2	41	0
South Thames	100	67	0	33	0
South and West	100	47	4	48	1
West Midlands	100	69	5	26	0
North Western	100	92	1	7	0
ENGLAND	100	67	2	30	1

## Footnotes:

1. Source: Hospital Episode Statistics (Maternity), produced by DH SD2B.
2. Other includes wards designated "Midwife Ward".

TABLE 4.14.4

## METHOD OF DELIVERY BY REGION 1996-97

<i>Regional Office Area</i>	<i>Estimated Percentages</i>				
	<i>All Methods</i>	<i>Spontaneous</i>	<i>Instrumental</i>	<i>Caesarean</i>	<i>Other</i>
Northern and Yorkshire	100	76	9	14	1
Trent	100	72	12	15	1
Anglia and Oxford	100	71	12	17	0
North Thames	100	72	10	18	0
South Thames	100	68	13	19	0
South and West	100	72	11	17	0
West Midlands	100	74	9	16	1
North Western	100	75	9	16	0
ENGLAND	100	72	10	17	1

## Footnote:

1. Source: Hospital Episode Statistics (Maternity), produced by DH SD2B.

TABLE 4.14.5

## METHOD OF ONSET OF LABOUR BY REGION 1996-97

<i>Regional Office Area</i>	<i>Estimated Percentages</i>					
	<i>All Methods</i>	<i>Spontaneous</i>	<i>Elective Caesarean</i>	<i>Surgically Induced</i>	<i>Oxytocic Drugs</i>	<i>Surgical &amp; Drugs</i>
Northern and Yorkshire	100	72	7	3	12	6
Trent	100	74	6	3	11	6
Anglia and Oxford	100	75	6	3	8	9
North Thames	100	73	7	2	13	5
South Thames	100	72	8	4	11	4
South and West	100	70	8	3	14	5
West Midlands	100	68	9	6	13	5
North Western	100	71	8	3	13	5
ENGLAND	100	71	8	3	12	5

## Footnote:

1. Source: Hospital Episode Statistics (Maternity), produced by DH SD2B.



TABLE 4.14.6  
PERSON CONDUCTING DELIVERY BY REGION 1996-97

Regional Office Area	All Deliveries	Hospital Doctor	GP	Estimated Percentages	
				Midwife	Other
Northern and Yorkshire	100	24	0	75	1
Trent	100	29	1	70	0
Anglia and Oxford	100	30	0	69	1
North Thames	100	28	0	71	1
South Thames	100	32	0	67	1
South and West	100	28	0	70	2
West Midlands	100	29	0	70	1
North Western	100	26	0	72	1
ENGLAND	100	28	0	70	1

Footnote:  
1. Source: Hospital Episode Statistics (Maternity), produced by DH SD2B.

TABLE 14.4.7  
DURATION OF POSTNATAL STAY BY REGION 1996-97

Regional Office Area	All Discharges	Discharged same day	1 Day	2 Days	3 Days	4 Days	5 Days	6 Days	7 Days or more
Northern and Yorkshire	100	9	25	22	18	13	7	3	4
Trent	100	10	29	23	14	11	7	3	4
Anglia and Oxford	100	15	34	20	10	9	7	2	3
North Thames	100	14	35	20	11	10	6	2	3
South Thames	100	14	31	20	13	10	6	2	3
South and west	100	12	30	21	14	10	6	2	4
West Midlands	100	12	30	23	13	11	6	2	3
North Western	100	9	27	23	15	11	8	3	4
ENGLAND	100	12	30	22	13	11	7	2	3

Footnote:  
1. Source: Hospital Episode Statistics (Maternity), produced by DH SD2B.

4.15 WAITING LISTS AND TIMES

Could the Department provide information about waiting lists both distribution by waiting time as well as mean and median average time, on a district of residence basis and on a provider unit basis? Could the Department show graphically changes in mean and median waiting times since March 1988 and include a table of figures?

Would the Department provide an update of Tables D4.4 to D4.8 on outpatient waiting times?

How many people were removed from waiting lists for day case treatment and for in-patient treatment (a) because of admission for treatment (b) for reasons other than treatment, and how many people were self-deferred in each six-month period since September 1988? Has the Department made any assessment of the extent to which people removed for reasons other than treatment in that hospital had either been admitted, died, treated in another hospital, or no longer required treatment?

Can the Department provide charts and figures showing how trends in emergency and non emergency activity have moved with waiting lists sizes in the 1990s?

**In-Patient Waiting Times**

1. Table 4.15.1 shows the most recent provider based figures for waiting lists and times for in-patients and day cases by region. Resident based figures are shown in Table 4.15.2. Mean and median average times on the list are included in these tables. It should be noted that these figures show patients waiting on the list at the time of the last count ie they are the average lengths of time waited by patients still on a waiting list and not the average waiting times of patients who have been admitted. Mean and median waiting times of patients admitted are published annually in Hospital Episode Statistics.
2. Figure 4.15.1 shows mean and median average waiting times from March 1988 to March 1998. Table 4.15.3 shows the underlying data.

Table 4.15.1

WAITING LIST STATISTICS AT 31 MARCH 1998 (PROVIDER BASED) TIME ON WAITING LIST

Region	Total Waiting	0-2 months	3-5 months	6-8 months	9-11 months	12-14 months	15-17 months	18-20 months	21-23 months	24+ months	Waiting Time Mean Median
Northern & Yorkshire	150,345	74,946	38,204	22,710	12,977	1,169	339	0	0	0	4.07
Trent	129,596	60,288	29,687	19,116	12,227	6,500	1,778	0	0	0	4.73
Anglia & Oxford	133,867	62,168	32,158	19,920	13,014	5,189	1,418	0	0	0	4.61
North Thames	205,434	86,042	46,855	33,040	21,313	12,671	5,513	0	0	0	5.23
South Thames	202,334	79,857	47,221	33,871	24,116	13,065	4,204	0	0	0	5.36
South & West	160,894	81,222	39,186	21,810	12,402	5,001	1,273	0	0	0	4.23
West Midlands	118,230	61,139	31,541	16,673	6,310	2,167	396	3	1	0	3.90
North West	196,962	99,844	44,872	27,545	17,365	5,447	1,889	0	0	0	4.29
England	1,297,662	605,506	309,724	194,685	119,724	51,209	16,810	3 <sup>1</sup>	1 <sup>1</sup>	0	4.61

Footnote:

1. These patients were Welsh residents and therefore not subject to the English Patient's Charter guarantee of admission within 18 months of being placed on a waiting list.

Table 4.15.2

WAITING LIST STATISTICS AT 31 MARCH 1998 (RESIDENT BASED) TIME ON WAITING LIST

Region	Total Waiting	0-2 months	3-5 months	6-8 months	9-11 months	12-14 months	15-17 months	18-20 months	21-23 months	24+ months	Waiting Time Mean Median
Northern & Yorkshire	149,053	79,850	34,892	20,777	11,916	1,267	351	0	0	0	4.06
Trent	131,692	60,927	30,160	19,542	12,577	6,671	1,815	0	0	0	4.75
Anglia & Oxford	132,436	61,227	31,761	19,899	12,879	5,198	1,472	0	0	0	4.63
North Thames	196,948	81,321	45,332	31,857	20,700	12,331	5,407	0	0	0	5.27
South Thames	197,276	78,127	46,051	32,980	23,370	12,770	3,978	0	0	0	5.35
South & West	163,434	81,267	40,257	22,556	12,854	4,991	1,239	0	0	0	4.26
West Midlands	112,115	57,918	30,446	15,600	5,825	1,903	423	0	0	0	3.88
North West	191,989	97,324	43,762	26,862	16,868	5,311	1,862	0	0	0	4.29
England	1,274,943	597,961	302,931	190,073	116,989	50,442	16,547	0	0	0	4.62



Table 4.15.3

## MEAN AND MEDIAN WAITING TIMES FROM MARCH 1988

	<i>Provider Based (1) (4)</i>		<i>Resident Based (2,3)</i>	
	<i>Mean</i>	<i>Median</i>	<i>Mean</i>	<i>Median</i>
March 88	9.24	5.02		
June 88	9.36	5.13		
Sept 88	9.43	5.21		
Dec 88	9.31	5.14		
March 89	9.33	5.12		
June 89	9.15	4.99		
Sept 89	9.12	5.02		
Dec 89	8.83	4.84		
March 90	8.63	4.74		
June 90	8.55	4.77		
Sept 90	8.41	4.76		
Dec 90	7.95	4.50		
March 91	7.57	4.43		
June 91	7.53	4.37		
Sept 91	7.31	4.19		
Dec 91	6.43	3.75		
March 92	5.12	3.20		
June 92	5.02	3.45		
Sept 92	4.96	3.40		
Dec 92	4.77	3.24		
March 93	4.52	3.18		
June 93	4.72	3.47		
Sept 93	4.79	3.45		
Dec 93	4.80	3.41		
March 94	4.60	3.23		
June 94	4.64	3.35		
Sept 94	4.59	3.25		
Dec 94	4.42	3.02		
March 95	4.02	2.84		
June 95	4.08	2.95		
Sept 95	4.01	2.86		
Dec 95	3.87	2.79		
March 96	3.66	2.72		
June 96	3.81	2.84	3.82	2.84
Sept 96	3.89	2.82	3.89	2.83
Dec 96	3.99	2.87	3.99	2.87
March 97	4.17	3.04	4.18	3.05
June 97	4.34	3.09	4.35	3.14
Sept 97	4.49	3.27	4.49	3.28
Dec 97	4.60	3.36	4.58	3.33
March 98	4.61	3.42	4.62	3.44

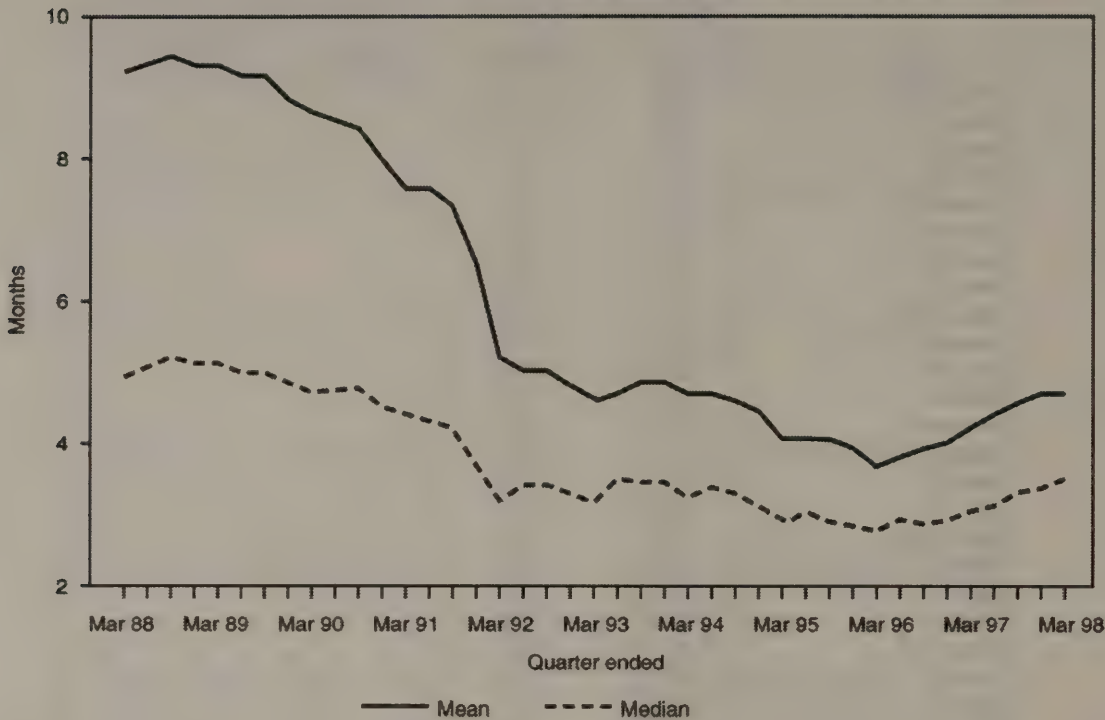
*Footnotes:*

1. The provider based information includes patients waiting to be admitted to NHS hospitals in England either as a day case or ordinary admission.

2. The resident based information excludes all patients living outside England and all privately funded patients waiting for treatment in NHS hospitals. However, they do include NHS funded patients, living in England, who are waiting for treatment in Scotland, Wales and Northern Ireland, abroad, and at private hospitals, which are not included in the corresponding provider based returns.

3. Data not available prior to quarter ending 30 June 1996.

Figure 4.15.1  
Average waiting times



Out-Patient Waiting Times

3. The first provider based out-patient data published were for the quarter ended 30 September 1994. They have since been published on a quarterly basis. The first published data on patients still waiting for more than 13 and 26 weeks were for the quarter ended 30 September 1996. A resident based outpatient return has been collected from health authorities since April 1997.
4. Health authorities and trusts are working towards seeing all patients within 26 weeks of being referred by their GP. During the quarter ended 31 March 1998 81 per cent of patients were seen within 13 weeks and 96 per cent were seen within 26 weeks, slightly worse than the position a year ago. Table 4.15.4 shows the numbers of GP written referrals who, on 31 March 1998, had not yet been seen but who had been waiting for 13 to under 26 weeks and 26 weeks and over.

Table 4.15.4

PATIENTS NOT YET SEEN FOLLOWING GP WRITTEN REFERRAL, WAITING FROM REFERRAL TO CONSULTATION, QUARTER ENDED 31 MARCH 1998

Region	By region	
	GP written referrals not yet seen at end of quarter who have been waiting (weeks) (thousands)	
	13 to under 26	26 weeks and over
Northern & Yorkshire	27	13
Trent	26	17
Anglia & Oxford	23	12
North Thames	40	15
South Thames	24	17
South & West	26	15
West Midlands	18	8
North West	39	15
England	222	112

5. Tables 4.15.5 to 4.15.9 show the information which is currently available from the latest outpatient waiting time return.

**Table 4.15.5**

**PATIENTS SEEN FOLLOWING GP WRITTEN REFERRAL AND TIME WAITED FROM REFERRAL TO CONSULTATION, QUARTER ENDED 31 MARCH 1998**

Region	Number seen following GP written referral (thousands)	<i>England by region</i> Of those seen % who waited (in weeks)		
		under 13	13 to under 26	26 and over
Northern & Yorkshire	246	82	14	4
Trent	188	82	13	5
Anglia & Oxford	221	80	15	5
North Thames	290	79	17	4
South Thames	252	83	13	3
South & West	247	82	14	4
West Midlands	196	82	14	4
North West	279	79	17	4
England	1,919	81	15	4

**Table 4.15.6**

**PATIENTS SEEN FOLLOWING GP WRITTEN REFERRAL AND THE TIME WAITED FROM REFERRAL TO CONSULTATION, QUARTER ENDED 31 MARCH 1998**

Specialty	Number seen following GP written referral (thousands)	<i>England by Specialty</i> Of those seen % who waited (in weeks)		
		under 13	13 to under 26	26 and over
All specialties	1,919	81	15	4
Of which:				
General Surgery	254	90	8	2
Urology	73	83	14	3
Trauma and Orthopaedics	187	64	25	10
Ear, Nose & Throat	169	76	20	4
Ophthalmology	165	71	22	6
Oral Surgery	63	78	17	4
Plastic Surgery	26	68	19	13
General Medicine	123	88	10	2
Dermatology	140	73	20	7
Gynaecology	180	88	11	1



Table 4.15.7  
PERCENTAGE OF PATIENTS SEEN IN THE QUARTER ENDED 31 MARCH 1998 WHO WAITED UNDER 13 WEEKS  
FOLLOWING GP WRITTEN REFERRAL

Region	By Region and Specialty									
	General Surgery	Urology	Trauma & Orthopaedics	ENT	Ophthalmology	SPECIALTY Oral Surgery	Plastic Surgery	General Medicine	Dermatology	Gynaecology Specialties*
Northern & Yorkshire	94	89	57	70	68	82	72	93	82	90
Trent	95	76	63	80	65	74	58	90	72	90
Anglia & Oxford	87	80	67	73	67	74	78	89	74	80
North Thames	84	77	60	73	74	75	66	83	65	85
South Thames	91	84	75	81	77	82	68	86	77	84
South & West	91	89	62	79	74	78	73	91	79	88
West Midlands	89	86	72	75	65	82	66	89	74	90
North West	88	81	62	76	75	81	57	83	65	86
ENGLAND	90	83	64	76	71	78	68	88	73	88

\*Including non-major specialties.

Table 4.15.8  
PERCENTAGE OF PATIENTS SEEN IN THE QUARTER ENDED 31 MARCH 1998 WHO WAITED OVER 26 WEEKS  
FOLLOWING GP WRITTEN REFERRAL

Region	By Region and Specialty									
	General Surgery	Urology	Trauma & Orthopaedics	ENT	Ophthalmology	SPECIALTY Oral Surgery	Plastic Surgery	General Medicine	Dermatology	Gynaecology Specialties*
Northern & Yorkshire	1	1	15	4	7	3	14	1	5	1
Trent	1	5	13	6	9	11	20	1	8	0
Anglia & Oxford	3	4	14	5	7	6	7	3	6	1
North Thames	3	3	7	4	3	3	13	2	10	1
South Thames	1	2	6	3	6	3	16	2	4	2
South & West	2	2	14	4	6	3	9	1	4	2
West Midlands	3	3	8	4	9	3	14	1	5	1
North West	2	2	9	3	5	4	15	3	9	1
ENGLAND	2	3	10	4	6	4	13	2	7	1

\*Including non-major specialties.

Table 4.15.9

PATIENTS SEEN FOLLOWING GP WRITTEN REFERRAL AND TIME WAITED FROM REFERRAL TO CONSULTATION, QUARTER ENDED 31 MARCH 1998—COMPARISON SINCE QUARTER ENDED 31 MARCH 1997

	Number seen following GP written referral (thousands), quarter ended:				Per cent seen who waited 13 weeks following GP written referral, quarter ended:		Per cent seen who waited 26 weeks and over following GP written referral, quarter ended:	
	Mar '97	June '97	Sept '97	Dec '97	Mar '98			
England	1,880	1,905	1,897	1,889	1,919	83	85	83
Region								
Northern & Yorkshire	250	247	253	250	246	83	85	83
Trent	181	188	185	184	188	83	85	83
Anglia and Oxford	211	212	213	219	221	81	83	81
North Thames	287	296	288	279	290	83	85	82
South Thames	251	256	251	244	252	84	86	84
South and West	240	243	243	251	247	84	86	84
West Midlands	193	190	194	194	196	84	84	83
North West	268	271	271	268	279	83	84	81
Specialty								
General Surgery	250	255	257	257	254	91	92	91
Urology	73	70	70	71	73	84	84	82
Trauma & Orthopaedics	188	189	188	191	187	68	72	69
Ear, Nose & Throat	167	171	168	162	169	79	80	77
Ophthalmology	153	159	161	162	165	73	75	73
Oral Surgery	67	65	64	61	63	83	84	82
Plastic Surgery	26	26	27	27	26	70	75	74
General Medicine	124	124	122	123	123	89	89	87
Dermatology	139	142	142	145	140	76	80	76
Gynaecology	172	177	180	175	180	89	91	89

Admissions, Removals and Self-Deferrals

6. Table 4.5.10 shows total admissions and removals in the period from Sept 1988 to March 1997. The information collected centrally does not differentiate between the reasons for removal. It is not therefore possible to assess the extent to which patients have been removed for any particular reason.

Table 4.15.10

NUMBERS OF ADMISSIONS AND REMOVALS

6 months to:	Ordinary		Day Case	
	Admitted	Removals	Admitted	Removals
Sept 88	941,363	72,131	359,213	18,419
March 89	938,864	86,256	392,646	23,871
Sept 89	959,516	92,715	420,536	26,784
March 90	934,164	109,963	454,266	31,041
Sept 90	910,557	101,572	465,603	36,409
March 91	888,291	125,408	496,554	43,510
Sept 91	918,376	115,338	534,998	47,616
March 92	938,842	157,759	601,316	67,267
Sept 92	901,687	124,675	638,905	67,044
March 93	879,834	139,707	691,201	80,873
Sept 93	829,580	131,708	712,016	85,040
March 94	800,632	137,604	768,249	97,207
Sept 94	796,780	136,907	849,379	111,295
March 95	804,411	143,757	925,446	129,361
Sept 95	763,117	128,408	943,405	131,830
March 96	767,412	139,901	1,026,419	147,724
Sept 96	761,967	132,833	1,056,084	154,879
March 97	683,421	117,203	1,047,602	147,084

Source: KH06.

7. Table 4.15.11 shows the number of patients who had self-deferred who were still on the waiting list at each given date. There is no record available of the number of self-deferrals over a period of time.

Table 4.15.11

NUMBER OF SELF-DEFERRALS

Number at:	Self-Deferred	
	Ordinary	Day Case
Sept 88	40,753	8,433
March 89	37,098	8,769
Sept 89	38,224	9,905
March 90	36,441	9,735
Sept 90	39,274	11,865
March 91	36,115	11,998
Sept 91	33,868	12,469
March 92	30,965	13,151
Sept 92	35,992	18,134
March 93	35,800	19,095
Sept 93	41,550	24,142
March 94	39,189	25,185
Sept 94	43,538	34,946



<i>Number at:</i>	<i>Self-Deferred</i>	
	<i>Ordinary</i>	<i>Day Case</i>
March 95	42,188	37,152
Sept 95	45,004	42,650
March 96	45,112	44,908
Sept 96	46,876	49,632
March 97	46,022	49,390

*Footnotes:*

1. The numbers above relate to the position on the last day of the six month period and do not represent the total number throughout the period.

2. Source: KH07A.

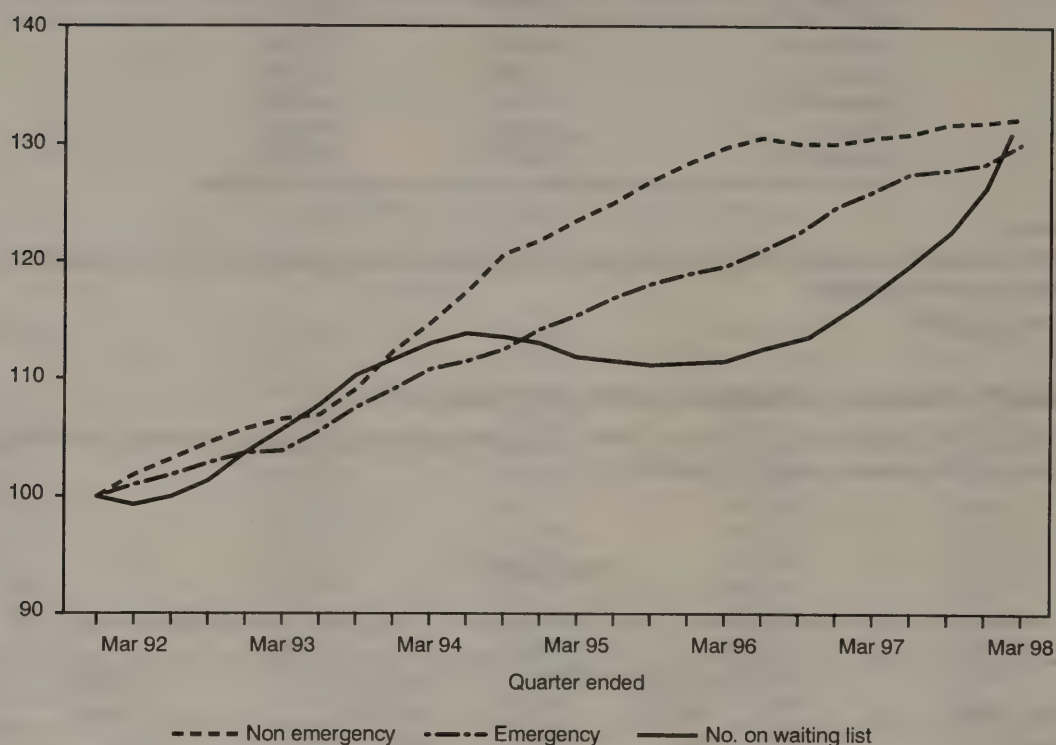
**Trends in Non Emergency and Emergency Activity and Waiting List Size**

8. Table 4.15.12 and figure 4.15.2 show growth in non emergency and emergency activity, and in waiting list size, since the quarter ended 31 December 1991.

**Table 4.15.12****TRENDS IN NON EMERGENCY AND EMERGENCY ACTIVITY AND WAITING LISTS**

<i>Quarter ended:</i>	<i>Non emergency Activity</i>	<i>Emergency Activity</i>	<i>Waiting Lists</i>
31 Dec 91	100	100	100
31 Mar 92	101.474	100.860	99.534
30 Jun 92	102.975	101.726	99.786
30 Sep 92	104.446	102.604	101.172
31 Dec 92	105.651	103.330	103.290
31 Mar 93	106.529	103.959	105.607
30 Jun 93	106.780	105.617	108.009
30 Sep 93	109.033	107.802	110.120
31 Dec 93	112.397	109.341	111.826
31 Mar 94	114.474	110.734	113.117
30 Jun 94	117.844	111.599	113.698
30 Sep 94	120.581	112.507	113.478
31 Dec 94	121.962	114.016	112.869
31 Mar 95	123.764	115.441	112.132
30 Jun 95	125.562	116.977	111.515
30 Sep 95	127.308	118.208	111.361
31 Dec 95	128.810	119.187	111.456
31 Mar 96	130.160	120.263	111.782
30 Jun 96	130.919	121.289	112.731
30 Sep 96	130.338	122.900	114.855
31 Dec 96	130.255	124.836	118.092
31 Mar 97	130.822	126.344	121.806
30 Jun 97	130.936	127.545	125.828
30 Sep 97	131.616	128.086	129.765
31 Dec 97	132.251	128.757	133.587
31 Mar 98	132.383	130.145	137.829

**Figure 4.15.2**  
**Trends in Emergency and Non-Emergency Activity and Waiting Lists**



#### 4.16 PERFORMANCE AGAINST KEY PATIENT'S CHARTER STANDARDS

*The Committee would like to receive an updated version of Table D3.1, together with appropriate commentary.*

1. Performance against Patient's Charter standards continued to improve generally. When compared with the corresponding period in 1996–97, figures show that the number of breaches of the Charter standard for urgent action following a cancelled operation fell from 2,643 in Q4 of 1996–97 to 2,326 in Q4 of 1997–98.

2. Since 1 April 1996, the waiting in outpatient clinics standard has been measured annually for those HAs who achieve a satisfactory standard in Q4 of the previous year. The remaining HAs are required to submit returns quarterly on an exception basis.

3. Central monitoring on two standards ceased from Q2 1997–98. Following extensive consultation, a new Immediate Assessment in A&E standard was introduced on 1 October 1997, replacing the earlier one which was widely felt to be unsatisfactory. In line with normal practice, Health Authorities are currently monitoring trusts' performance locally against this new standard. The question of central monitoring of this and other Patient's Charter standards will be considered as part of the review of the Charter currently being undertaken.

4. Only four Health Authorities made returns on an exception basis for the GP Practices with a Charter standard in 1996–97. Since almost full compliance has been achieved, central monitoring has therefore ceased. Performance against these two standards is therefore no longer shown in this table.

Table 4.16

## SUMMARY OF PERFORMANCE IN ENGLAND AGAINST KEY PATIENT'S CHARTER STANDARDS 1997-98

<i>National Charter Standards</i>	<i>National Average</i>			
	<i>QTR 1</i>	<i>QTR 2</i>	<i>QTR 3</i>	<i>QTR 4</i>
Waiting in outpatients clinics (percent seen within 30 minutes)	<i>Monitored in Q4 for all HAs and in Q1 to Q3 by exception</i>			90
Cancellations of operations (number not admitted within one month of cancellation)	1,541	1,492	1,891	2,326
Emergency admission through A&E (percent admitted within two hours)	82	84	84	83
Community nurse (percent visits carried out within a two-hour timeband)	97	97	97	97
Medical records transfer (percent within standards):				
—urgent	87	85	87	90
—routine	72	77	78	80

*Footnote:*

1. Figures rounded to the nearest whole per cent.

## 5. PERSONAL SOCIAL SERVICES

## 5.1 Provision through PSS SSAs for year ahead

*Can the Department set out the Standard Spending Assessments (SSAs) for social services in the latest year, by local authority, and SSA sub-block, both in cash and per capita, and per capita of relevant population? Can the Department also provide a table comparing the change in the total PSS SSA between the last two years for each local authority? Would the Department describe any changes to the SSA formulae introduced in this year and provide details of any plans the Department has to review PSS SSAs further?*

1. The Standard Spending Assessments (SSAs) for social services in 1998-99, by local authority, and SSA sub-block, in cash and per capita of relevant population are shown in tables 5.1.1 and 5.1.2.

2. Table 5.1.3 compares the change in the total PSS SSA between 1997-98 and 1998-99 for each local authority. The figures for 1998-99 includes the resources paid in 1997-98 via the Special Transitional Grant and the Guardian Ad Litem Specific Grant. Provision for these services are now made through SSAs (see response to question 5.13).

3. The SSA resources allocation formulae are reviewed each year, and updated to take account of the latest data. There were two significant changes made for the 1998-99 PSS allocations: to the SSA for residential services for the elderly and to the "other social services" SSA. These changes are described below.

**The SSA for residential services for the elderly**

4. The origins of the previous SSA formula pre-dated the community care reforms. In the light of this major change in the responsibilities of local authorities the Department decided to commission the University of Kent to carry out research into the appropriateness of the previous formula and to make recommendations on alternative measures. The research involved looking at the characteristics of a sample of older people not receiving residential care compared to the characteristics of a sample of older people entering residential care. The sample survey was done in 1995. This comparison identified characteristics which were very common in the second set of people but uncommon in the first set of people. Statistical techniques were used to establish the relative importance of each of these characteristics in determining whether a person is likely to require residential care. A formula was derived which in effect predicts the likelihood of a person requiring residential care given the characteristics of that person.



5. As a result of this research the Government decided to alter the SSA formula. Previously, just four factors influenced the allocation: the number of older people in the authority, the number of older people who have a long-term illness, the number of older people living in rented accommodation, and the number of older people with preserved rights to higher rates of Income Support. In the new formula, the last factor was dropped as the number of preserved rights clients is far less of an influence several years into the community care reforms. The first three factors were retained but four further factors were added:

- the number of pensioners living alone;
- the number of older people receiving Income Support;
- the number of pensioners who are living with someone, but not as a couple;
- the number of older people in receipt of Attendance Allowance.

**The SSA for other social services (that is, services for people with mental health problems, learning disabilities, physical disability or sensory impairment)**

6. Hitherto, this SSA had involved the use of an index of poor social conditions. In the 1997 round, DETR Ministers requested a review of the index (which was used in more than one SSA formula). On the basis of that review the Government decided to replace the index of social conditions with two new indices.

7. Explicit principles about which factors might go into the indices were agreed with the Local Government Association. A thorough statistical analysis of dozens of deprivation measures was involved. The statistical methods used to select the best factors were also shared with the LGA.

8. Some twelve factors are included in the two indices together. These are set out below. A full and precise description of each factor is set out in *The Local Government Finance Report (England) 1998–99*

**Index 1**

Numbers on Income support  
Numbers on Housing benefit

Households in accommodation rented from LAs,  
new towns or housing associations  
Numbers unemployed  
Lone parent families  
Limiting long standing illness  
Morbidity

**Index 2**

Single person households  
Residents born outside EC, USA, Canada,  
Australia and New Zealand  
Residents in flats provided by LAs, new towns or  
housing associations  
Overcrowded accommodation  
Population density of area

**Future Plans for PSS SSAs**

9. The Department is currently meeting with representatives of local government to discuss changes to the PSS SSAs for 1999–2000. Three priority areas have been identified. First, to consider further the work carried out in 1996 by the University of York which suggested an alternative formulae for allocating the resources available for children's services. Second, to consider the use of the Disability Living Allowance benefit in determining allocations for residential care for the elderly. Third, to examine whether the costs of some social services are linked to sparsity of population.

10. In the consultation paper "*Improving local financial accountability*", issued in March 1998, the Government invited views on the merits of a system which would not involve reviewing SSAs every year. Instead, SSAs would be "frozen for a period of, say, three years. The Government's response to views expressed in this consultation exercise should be known in the late summer. This will fundamentally affect plans to develop PSS SSAs for 2000–01 and beyond.

Table 5.1.1 (Summary table)

## STANDARD SPENDING ASSESSMENT, 1998–99

£ million

	<i>Elderly Residential SSA</i>	<i>Elderly Domiciliary SSA</i>	<i>Children's SSA</i>	<i>Other PSS SSA</i>	<i>Total PSS SSA</i>
Total Inner London	191.185	102.129	302.043	174.410	769.767
Total Outer London	263.328	150.366	256.536	186.365	856.594
Total London Boroughs	454.513	252.494	558.579	360.775	1,626.361
Total Metropolitan Districts	730.323	388.821	457.000	366.688	1,942.833
Total Shire Counties	1,166.214	746.821	520.519	557.952	2,991.506
Total Shire Unitaries	445.600	266.806	293.179	248.367	1,253.952
Total Shire Areas	1,611.814	1,013.627	813.699	806.319	4,245.457
<b>TOTAL ENGLAND</b>	<b>2,796.650</b>	<b>1,654.942</b>	<b>1,829.278</b>	<b>1,533.781</b>	<b>7,814.651</b>
<b>INNER LONDON</b>					
City of London	0.590	0.358	0.226	0.390	1.563
Camden	15.806	8.695	23.246	14.003	61.751
Greenwich	16.779	8.983	17.816	10.882	54.460
Hackney	16.489	7.931	34.102	15.803	74.325
Hammersmith and Fulham	11.186	6.165	18.466	11.385	47.201
Islington	15.405	7.539	26.726	13.319	62.989
Kensington and Chelsea	9.373	6.164	14.344	11.603	41.484
Lambeth	17.298	9.549	42.697	19.232	88.775
Lewisham	19.149	9.884	29.008	13.837	71.877
Southwark	17.824	9.473	30.531	16.978	74.806
Tower Hamlets	16.060	7.748	24.723	14.980	63.511
Wandsworth	19.829	10.605	21.353	16.365	68.153
Westminster	15.397	9.035	18.806	15.633	58.871
<b>Total Inner London</b>	<b>191.185</b>	<b>102.129</b>	<b>302.043</b>	<b>174.410</b>	<b>769.767</b>
<b>OUTER LONDON</b>					
Barking and Dagenham	13.291	6.568	7.381	6.211	33.451
Barnet	18.980	10.887	14.052	12.374	56.293
Bexley	11.289	6.944	5.659	6.620	30.511
Brent	13.668	6.854	28.120	13.746	62.388
Bromley	15.130	10.555	7.966	8.782	42.433
Croydon	15.366	9.583	17.818	12.687	55.453
Ealing	16.695	8.727	22.116	14.719	62.257
Enfield	15.969	9.130	12.333	10.012	47.445
Haringey	12.924	6.693	27.984	12.933	60.534
Harrow	12.481	6.873	7.835	7.497	34.686
Havering	12.038	7.430	5.645	6.639	31.752
Hillingdon	12.495	7.553	9.461	8.402	37.911
Hounslow	11.714	6.493	13.244	9.222	40.673
Kingston-upon-Thames	6.747	4.564	4.126	4.832	20.269
Merton	9.899	5.967	7.338	7.219	30.422
Newham	15.351	7.090	29.340	13.347	65.129
Redbridge	14.253	7.797	9.049	8.367	39.465
Richmond-upon-Thames	8.824	6.420	4.831	6.368	26.442
Sutton	9.812	6.172	5.434	5.774	27.193
Waltham Forest	16.404	8.067	16.805	10.612	51.88
<b>Total Outer London</b>	<b>263.328</b>	<b>150.366</b>	<b>256.536</b>	<b>186.365</b>	<b>856.594</b>
<b>Total London</b>	<b>454.513</b>	<b>252.494</b>	<b>558.579</b>	<b>360.775</b>	<b>1,626.361</b>
<b>TOTAL ENGLAND</b>	<b>2,796.650</b>	<b>1,654.942</b>	<b>1,829.278</b>	<b>1,533.781</b>	<b>7,814.651</b>
<b>Metropolitan Districts</b>					
Bolton	16.900	8.802	9.461	8.276	43.439
Bury	10.345	5.710	4.968	5.144	26.168
Manchester	32.948	15.766	35.829	18.801	103.344
Oldham	13.184	7.259	9.067	7.470	36.980
Rochdale	12.472	6.712	8.640	6.949	34.772
Salford	18.280	9.340	9.670	8.337	45.626



	<i>£ million</i>				
	<i>Elderly Residential SSA</i>	<i>Elderly Domiciliary SSA</i>	<i>Children's SSA</i>	<i>Other PSS SSA</i>	<i>Total PSS SSA</i>
Stockport	15.757	9.358	6.387	7.649	39.151
Tameside	14.549	7.518	7.084	6.891	36.042
Trafford	12.381	7.047	7.165	6.175	32.767
Wigan	19.885	9.542	8.057	8.896	46.380
Knowsley	10.880	4.605	9.307	5.721	30.512
Liverpool	37.581	17.325	26.622	18.873	100.400
St. Helens	12.427	5.864	5.017	5.324	28.632
Sefton	21.007	11.370	9.181	8.106	49.663
Wirral	21.489	12.190	12.191	9.556	55.426
Barnsley	15.628	8.212	6.240	6.475	36.555
Doncaster	18.016	9.417	9.024	8.230	44.686
Rotherham	17.404	8.782	7.022	7.481	40.689
Sheffield	41.077	22.029	17.658	17.933	98.697
Gateshead	14.097	7.982	6.397	6.784	35.261
Newcastle upon Tyne	18.972	10.868	12.029	10.862	52.731
North Tyneside	13.047	7.916	6.142	5.959	33.064
South Tyneside	11.402	6.546	5.651	5.186	28.784
Sunderland	19.547	10.416	11.722	9.721	51.406
Birmingham	67.638	34.291	68.547	38.795	209.271
Coventry	17.845	9.717	12.863	10.138	50.562
Dudley	18.523	10.156	7.033	8.596	44.307
Sandwell	22.912	11.222	12.928	10.363	57.424
Solihull	8.839	5.442	4.964	5.104	24.349
Walsall	17.921	8.849	12.428	8.321	47.519
Wolverhampton	16.796	8.665	11.482	8.506	45.449
Bradford	27.034	15.464	22.458	16.242	81.198
Calderdale	10.380	6.520	6.148	5.698	28.746
Kirklees	21.651	12.596	14.105	11.693	60.045
Leeds	41.507	24.992	25.456	23.290	115.244
Wakefield	20.004	10.332	8.059	9.147	47.541
<b>Total Metropolitan Districts</b>	<b>730.323</b>	<b>388.821</b>	<b>457.000</b>	<b>366.688</b>	<b>1,942.833</b>
<b>TOTAL ENGLAND</b>	<b>2,796.650</b>	<b>1,654.942</b>	<b>1,829.278</b>	<b>1,533.781</b>	<b>7,814.651</b>
<b>Shire Counties</b>					
Bedfordshire	16.167	9.842	8.827	9.568	44.404
Buckinghamshire	19.139	12.540	9.749	11.695	53.123
Cambridgeshire	23.868	15.172	11.572	13.100	63.712
Cheshire	32.356	20.088	14.051	16.163	82.658
Cornwall	30.011	18.272	11.692	11.362	71.338
Cumbria	28.729	16.777	10.495	12.262	68.264
Derbyshire	42.217	23.895	14.736	17.713	98.561
Devon	40.097	26.834	15.275	15.377	97.583
Dorset	21.319	15.191	7.649	8.026	52.186
Durham	33.265	18.316	13.492	14.319	79.392
East Sussex	32.538	23.814	13.036	11.923	81.311
Essex	66.817	42.433	29.738	33.313	172.301
Gloucestershire	27.262	17.518	12.759	13.394	70.932
Hampshire	49.572	35.036	26.309	29.221	140.137
Hertfordshire	52.698	32.495	26.954	28.416	140.562
Kent	72.396	47.465	34.935	34.957	189.754
Lancashire	66.597	37.672	33.302	30.235	167.807
Leicestershire	24.989	15.993	10.021	13.201	64.202
Lincolnshire	32.445	21.431	14.056	14.395	82.327
Norfolk	42.508	28.812	17.604	18.550	107.473
North Yorkshire	28.221	19.545	11.448	12.364	71.579
Northamptonshire	27.362	17.017	15.825	15.239	75.443
Northumberland	16.818	10.689	7.085	7.968	42.560
Nottinghamshire	37.976	22.991	17.191	18.750	96.908
Oxfordshire	25.540	16.445	15.561	15.369	72.914
Shropshire	15.194	9.316	5.147	6.133	35.789
Somerset	25.958	17.374	11.139	10.786	65.256
Staffordshire	38.913	22.411	15.955	19.258	96.536



£ million

	<i>Elderly Residential SSA</i>	<i>Elderly Domiciliary SSA</i>	<i>Children's SSA</i>	<i>Other PSS SSA</i>	<i>Total PSS SSA</i>
Suffolk	35.931	22.366	14.937	15.118	88.352
Surrey	50.172	35.426	21.288	27.132	134.019
Warwickshire	24.607	14.746	10.196	12.324	61.872
West Sussex	40.562	30.704	16.992	18.203	106.461
Wiltshire	18.157	12.296	9.176	9.299	48.928
Worcestershire	25.812	15.901	12.329	12.819	66.861
<b>Total Shire Counties</b>	1,166.214	746.821	520.519	557.952	2,991.506
<b>TOTAL ENGLAND</b>	2,796.650	1,654.942	1,829.278	1,533.781	7,814.651

## SHIRE UNITARY AUTHORITIES

Isles of Scilly	0.073	0.066	0.084	0.036	0.258
Isle of Wight	8.282	5.811	3.533	3.108	20.734
Bath and North East Somerset	8.962	5.793	3.885	4.107	22.746
Bristol	22.323	13.366	17.881	13.360	66.931
South Gloucestershire	8.687	5.552	4.054	5.246	23.538
North Somerset	10.489	6.862	3.554	4.152	25.057
Luton	7.378	4.246	8.724	6.414	26.761
Bracknell Forest	4.180	2.636	2.754	3.175	12.744
Windsor and Maidenhead	5.653	3.991	3.037	3.866	16.547
Reading	5.956	4.031	6.483	4.925	21.395
Slough	5.660	3.093	6.245	4.792	19.790
Wokingham	3.784	2.625	2.132	3.030	11.571
Newbury	5.083	3.457	3.013	3.345	14.898
Milton Keynes	7.193	4.203	7.083	5.817	24.296
Peterborough	7.359	4.203	6.038	4.683	22.284
Halton	6.669	3.283	5.081	3.874	18.907
Warrington	9.552	5.354	4.575	5.049	24.530
Middlesbrough	8.043	4.507	7.638	5.116	25.305
Hartlepool	5.380	3.078	3.441	2.951	14.850
Stockton-on-Tees	8.306	4.958	6.155	5.311	24.729
Redcar and Cleveland	7.701	4.578	5.175	4.067	21.521
Derby	13.155	7.565	9.898	7.192	37.809
Plymouth	13.705	8.138	11.097	7.895	40.836
Torbay	10.514	6.224	4.131	3.196	24.066
Bournemouth	12.984	8.042	5.924	4.604	31.554
Poole	8.028	5.120	2.997	3.318	19.463
Darlington	5.799	3.600	3.176	2.930	15.506
Brighton & Hove	17.434	11.239	10.911	9.688	49.272
Southend-on-Sea	11.416	7.281	5.526	5.295	29.518
Thurrock	6.526	3.720	4.133	4.159	18.539
Portsmouth	10.951	6.859	8.247	6.911	32.969
Southampton	11.740	7.328	10.183	7.894	37.146
Herefordshire	8.515	5.558	3.971	3.760	21.804
Medway Towns	9.709	6.015	6.894	6.881	29.499
East Riding of Yorkshire	15.814	10.165	5.171	6.797	37.946
North East Lincolnshire	8.872	5.269	5.317	4.391	23.849
North Lincolnshire	8.035	4.838	3.681	3.840	20.393
Kingston-upon-Hull	19.254	10.304	11.827	9.332	50.717
Blackpool	12.066	6.322	5.663	4.801	28.853
Blackburn	8.199	4.374	6.858	4.819	24.250
Leicester	17.450	9.631	18.607	11.616	57.304
Rutland	1.234	0.894	0.561	0.695	3.386
York	8.178	5.684	3.988	4.654	22.505
Nottingham	17.584	9.945	16.838	10.745	55.112
The Wrekin	7.095	3.726	4.847	4.037	19.704
Stoke-on-Trent	17.247	8.802	7.367	7.784	41.200
Swindon	7.382	4.470	4.801	4.710	21.363
<b>Total Shire Unitaries</b>	445.600	266.806	293.179	248.367	1,253.952
<b>Total Shire Areas</b>	1,611.814	1,013.627	813.699	806.319	4,245.457
<b>Total England</b>	2,796.650	1,654.942	1,829.278	1,533.781	7,814.651

Table 5.1.2 (Summary table)

STANDARD SPENDING ASSESSMENT, 1998-99  
PER CAPITA RESOURCES BASED ON RELEVANT POPULATIONS<sup>(1)</sup>

	<i>£ per head</i>				
	<i>Elderly Residential</i>	<i>Elderly Domiciliary</i>	<i>Children's</i>	<i>Other PSS</i>	<i>Total PSS</i>
<b>Total Inner London</b>	<b>632</b>	<b>338</b>	<b>555</b>	<b>107</b>	<b>311</b>
<b>Total Outer London</b>	<b>415</b>	<b>237</b>	<b>240</b>	<b>64</b>	<b>186</b>
<b>Total London Boroughs</b>	<b>485</b>	<b>270</b>	<b>346</b>	<b>80</b>	<b>230</b>
<b>Total Metropolitan Districts</b>	<b>424</b>	<b>226</b>	<b>171</b>	<b>54</b>	<b>174</b>
<b>Total Shire Counties</b>	<b>305</b>	<b>196</b>	<b>103</b>	<b>41</b>	<b>132</b>
<b>Total Shire Unitaries</b>	<b>350</b>	<b>209</b>	<b>153</b>	<b>49</b>	<b>152</b>
<b>Total Shire Areas</b>	<b>317</b>	<b>199</b>	<b>117</b>	<b>43</b>	<b>138</b>
<b>TOTAL ENGLAND</b>	<b>361</b>	<b>213</b>	<b>162</b>	<b>51</b>	<b>159</b>
<b>INNER LONDON</b>					
City of London	627	380	338	109	302
Camden	649	357	646	109	327
Greenwich	568	304	330	85	257
Hackney	797	383	672	129	383
Hammersmith and Fulham	625	345	635	104	301
Islington	737	361	686	115	358
Kensington and Chelsea	494	325	528	103	261
Lambeth	601	332	697	110	335
Lewisham	611	315	506	91	298
Southwark	626	333	542	117	325
Tower Hamlets	771	372	488	142	360
Wandsworth	609	326	431	89	256
Westminster	568	333	574	108	288
<b>TOTAL INNER LONDON</b>	<b>632</b>	<b>338</b>	<b>555</b>	<b>107</b>	<b>311</b>
<b>OUTER LONDON</b>					
Barking and Dagenham	523	259	187	70	218
Barnet	411	236	196	61	176
Bexley	341	210	111	49	139
Brent	493	247	472	86	252
Bromley	301	210	128	48	144
Croydon	360	225	227	60	166
Ealing	475	248	322	76	210
Enfield	421	241	199	62	181
Haringey	562	291	567	90	280
Harrow	425	234	159	57	165
Havering	315	194	111	47	138
Hillingdon	362	219	168	54	153
Hounslow	453	251	272	70	198
Kingston upon Thames	326	221	139	53	143
Merton	402	242	185	61	167
Newham	644	297	429	98	285
Redbridge	421	231	167	59	171
Richmond upon Thames	329	240	136	54	147
Sutton	372	234	136	53	155
Waltham Forest	578	284	312	77	236
<b>Total Outer London</b>	<b>415</b>	<b>237</b>	<b>240</b>	<b>64</b>	<b>186</b>
<b>Total London Areas</b>	<b>485</b>	<b>270</b>	<b>346</b>	<b>80</b>	<b>230</b>
<b>Total England</b>	<b>361</b>	<b>213</b>	<b>162</b>	<b>51</b>	<b>159</b>

*Footnote:*

1. The per capita figures have been calculated by dividing the Elderly Domiciliary and Residential SSA by the number of people aged 65 years and over, the Children's SSA by the number of people aged 17 or below and the Other Services SSA by the number of people aged 18 to 64 years.

£ per head

	<i>Elderly Residential</i>	<i>Elderly Domiciliary</i>	<i>Children's</i>	<i>Other PSS</i>	<i>Total PSS</i>
<b>METROPOLITAN DISTRICTS</b>					
Bolton	428	223	146	51	164
Bury	392	216	116	46	144
Manchester	556	266	317	73	240
Oldham	419	231	161	56	168
Rochdale	421	227	161	56	168
Salford	493	252	180	60	199
Stockport	334	198	97	43	135
Tameside	444	230	133	51	163
Trafford	354	202	141	46	150
Wigan	460	221	112	46	150
Knowsley	527	223	222	63	198
Liverpool	539	249	237	66	215
St Helens	459	217	122	48	160
Sefton	388	210	141	48	171
Wirral	372	211	157	49	168
Barnsley	434	228	120	47	161
Doncaster	396	207	128	47	153
Rotherham	453	229	116	48	159
Sheffield	465	249	156	55	186
Gateshead	423	239	145	55	175
Newcastle upon Tyne	432	247	194	62	187
North Tyneside	373	226	143	51	171
South Tyneside	414	238	153	57	184
Sunderland	446	238	165	54	175
Birmingham	452	229	260	64	205
Coventry	374	204	171	55	165
Dudley	375	205	101	45	142
Sandwell	483	237	183	60	197
Solihull	277	171	106	41	119
Walsall	447	221	196	52	181
Wolverhampton	422	217	192	59	186
Bradford	390	223	176	57	168
Calderdale	343	216	134	49	149
Kirklees	376	219	150	49	154
Leeds	373	225	155	52	159
Wakefield	432	223	108	47	150
Total Metropolitan Districts	424	226	171	54	174
Total England	361	213	162	51	159
<b>SHIRE COUNTIES</b>					
Bedfordshire	325	198	102	41	121
Buckinghamshire	297	194	88	39	112
Cambridgeshire	302	192	96	38	117
Cheshire	301	187	94	39	124
Cornwall	311	190	113	40	148
Cumbria	330	193	98	41	139
Derbyshire	353	200	92	39	135
Devon	281	188	107	39	143
Dorset	245	175	97	37	137
Durham	412	227	117	46	157
East Sussex	287	210	126	44	168
Essex	320	203	104	42	134
Gloucestershire	286	183	103	40	128
Hampshire	263	186	94	39	115
Hertfordshire	349	215	114	45	138
Kent	318	209	117	44	144
Lancashire	354	200	126	44	148
Leicestershire	278	178	75	35	107
Lincolnshire	281	186	106	39	134
Norfolk	281	190	108	40	138
North Yorkshire	277	192	94	37	128
Northamptonshire	316	196	108	41	125
Northumberland	322	205	104	43	138
Nottinghamshire	318	193	103	41	130
Oxfordshire	305	196	111	40	121
Shropshire	306	188	85	37	129
Somerset	278	186	103	38	135
Staffordshire	327	188	88	38	120



	<i>£ per head</i>				
	<i>Elderly Residential</i>	<i>Elderly Domiciliary</i>	<i>Children's</i>	<i>Other PSS</i>	<i>Total PSS</i>
Suffolk	308	192	99	38	134
Surrey	296	209	92	42	128
Warwickshire	311	186	92	40	124
West Sussex	268	203	108	42	144
Wiltshire	269	182	96	36	117
Worcestershire	302	186	103	39	126
Total Shire Counties	305	196	103	41	132

## SHIRE UNITARY AUTHORITIES

Isles of Scilly	182	163	177	34	135
Isle of Wight	285	200	137	44	165
Bath & North East Somerset	291	188	115	41	138
Bristol	356	213	203	54	167
South Gloucestershire	272	174	75	35	100
North Somerset	296	194	90	38	135
Luton	360	207	176	58	147
Bracknell Forest	362	228	100	45	116
Windsor and Maidenhead	273	193	97	43	117
Reading	315	213	202	54	150
Slough	439	240	221	69	179
Workingham	239	166	62	33	81
Newbury	279	190	86	37	104
Milton Keynes	370	216	134	47	123
Peterborough	347	198	149	48	141
Halton	426	210	156	52	154
Warrington	361	202	103	43	130
Middlesbrough	391	219	200	58	172
Hartlepool	385	220	151	53	161
Stockton-on-Tees	336	200	136	49	138
Redcar and Cleveland	350	208	151	49	154
Derby	358	206	180	51	162
Plymouth	343	204	192	50	160
Torbay	360	213	166	46	195
Bournemouth	353	219	200	49	196
Poole	294	187	100	41	140
Darlington	344	214	135	48	153
Brighton & Hove	388	250	231	62	197
Southend-on-Sea	350	223	149	52	171
Thurrock	381	217	128	50	140
Portsmouth	362	227	203	58	173
Southampton	353	220	215	59	173
Herefordshire	272	178	108	39	132
Medway Towns	324	200	115	46	123
East Riding of Yorkshire	292	187	77	36	123
North East Lincolnshire	346	205	135	47	150
North Lincolnshire	323	195	103	42	133
Kingston upon Hull	481	257	181	58	190
Blackpool	406	213	183	52	189
Blackburn	428	228	177	59	174
Leicester	420	232	245	65	194
Rutland	234	169	67	32	96
York	277	193	108	43	129
Nottingham	411	232	246	62	194
The Wrekin	400	210	132	45	137
Stoke-on-Trent	430	219	126	50	162
Swindon	308	187	116	43	122
<b>Total Shire Unitaries</b>	<b>350</b>	<b>209</b>	<b>153</b>	<b>49</b>	<b>152</b>
<b>Total Shire Areas</b>	<b>317</b>	<b>199</b>	<b>117</b>	<b>43</b>	<b>138</b>
<b>TOTAL ENGLAND</b>	<b>361</b>	<b>213</b>	<b>162</b>	<b>51</b>	<b>159</b>

**Table 5.1.3** (Summary table)  
COMPARISON OF PSS SSA FOR THE LATEST TWO YEARS

	<i>£ million and percentages</i>		
	<i>1997–98</i>	<i>1998–99</i>	<i>% difference</i>
<b>Total Inner London</b>	<b>754.851</b>	<b>769.767</b>	<b>2.0</b>
<b>Total Outer London</b>	<b>794.220</b>	<b>856.594</b>	<b>7.9</b>
<b>Total London Boroughs</b>	<b>1549.071</b>	<b>1626.361</b>	<b>5.0</b>
<b>Total Metropolitan Districts</b>	<b>1812.001</b>	<b>1942.833</b>	<b>7.2</b>
<b>Total Shire Counties<sup>(1)</sup></b>	3277.661	2991.506	n/a
<b>Total Shire Unitaries<sup>(2)</sup></b>	753.385	1253.952	n/a
<b>Total Shire Areas</b>	<b>4031.046</b>	<b>4245.457</b>	<b>5.3</b>
<b>TOTAL ENGLAND</b>	<b>7392.117</b>	<b>7814.651</b>	<b>5.7</b>

Table 5.1.3 (continued)

## COMPARISON OF PSS SSA FOR THE LATEST TWO YEARS

*£ million and percentages*

	1997-98	1998-99	% difference
<b>INNER LONDON</b>			
City of London	1.561	1.563	0.1
Camden	61.539	61.751	0.3
Greenwich	53.365	54.460	2.1
Hackney	75.700	74.325	-1.8
Hammersmith and Fulham	46.983	47.201	0.5
Islington	61.641	62.989	2.2
Kensington and Chelsea	40.373	41.484	2.8
Lambeth	86.801	88.775	2.3
Lewisham	69.408	71.877	3.6
Southwark	73.657	74.806	1.6
Tower Hamlets	59.032	63.511	7.6
Wandsworth	66.987	68.153	1.7
Westminster	57.804	58.871	1.8
<b>Total Inner London</b>	<b>754.851</b>	<b>769.767</b>	<b>2.0</b>
<b>OUTER LONDON</b>			
Barking and Dagenham	30.899	33.451	8.3
Barnet	51.638	56.293	9.0
Bexley	27.410	30.511	11.3
Brent	57.553	62.388	8.4
Bromley	39.743	42.433	6.8
Croydon	51.948	55.453	6.7
Ealing	57.287	62.257	8.7
Enfield	43.305	47.445	9.6
Haringey	58.229	60.534	4.0
Harrow	30.748	34.686	12.8
Havering	28.742	31.752	10.5
Hillingdon	35.322	37.911	7.3
Hounslow	38.979	40.673	4.3
Kingston upon Thames	19.135	20.269	5.9
Merton	28.333	30.422	7.4
Newham	60.752	65.129	7.2
Redbridge	35.115	39.465	12.4
Richmond upon Thames	25.255	26.442	4.7
Sutton	25.415	27.193	7.0
Waltham Forest	48.411	51.887	7.2
<b>Total Outer London</b>	<b>794.220</b>	<b>856.594</b>	<b>7.9</b>
<b>Total London Areas</b>	<b>1,549.071</b>	<b>1,626.361</b>	<b>5.0</b>
<b>TOTAL ENGLAND</b>	<b>7,392.117</b>	<b>7,814.651</b>	<b>5.7</b>
<b>METROPOLITAN DISTRICTS</b>			
Bolton	40.229	43.439	8.0
Bury	24.157	26.168	8.3
Manchester	97.719	103.344	5.8
Oldham	34.744	36.980	6.4
Rochdale	32.480	34.772	7.1
Salford	43.219	45.626	5.6
Stockport	34.842	39.151	12.4
Tameside	33.526	36.042	7.5
Trafford	30.056	32.767	9.0
Wigan	42.069	46.380	10.2
Knowsley	25.670	30.512	18.9
Liverpool	88.990	100.400	12.8
St. Helens	25.361	28.632	12.9
Sefton	43.411	49.663	14.4
Wirral	50.170	55.426	10.5
Barnsley	36.429	36.555	0.3
Doncaster	42.686	44.686	4.7



	<i>£ million and percentages</i>		
	<i>1997-98</i>	<i>1998-99</i>	<i>% difference</i>
Rotherham	38.936	40.689	4.5
Sheffield	95.829	98.697	3.0
Gateshead	34.634	35.261	1.8
Newcastle upon Tyne	51.633	52.731	2.1
North Tyneside	32.743	33.064	1.0
South Tyneside	28.062	28.784	2.6
Sunderland	49.391	51.406	4.1
Birmingham	191.972	209.271	9.0
Coventry	43.305	50.562	16.8
Dudley	40.206	44.307	10.2
Sandwell	52.882	57.424	8.6
Solihull	22.140	24.349	10.0
Walsall	43.629	47.519	8.9
Wolverhampton	40.783	45.449	11.4
Bradford	75.447	81.198	7.6
Calderdale	28.077	28.746	2.4
Kirklees	56.626	60.045	6.0
Leeds	114.303	115.244	0.8
Wakefield	45.645	47.541	4.2
<b>Total Metropolitan Districts</b>	<b>1,812.001</b>	<b>1,942.833</b>	<b>7.2</b>
<b>TOTAL ENGLAND</b>	<b>7,392.117</b>	<b>7,814.651</b>	<b>5.7</b>
<b>SHIRE COUNTIES</b>			
Bedfordshire	42.201	44.404	5.2
Berkshire <sup>(3)</sup>	91.439		n/a
Buckinghamshire	50.856	53.123	4.5
Cambridgeshire <sup>(3)</sup>	82.510	63.712	n/a
Cheshire <sup>(3)</sup>	117.590	82.658	n/a
Cornwall	66.035	71.338	8.0
Cumbria	62.999	68.264	8.4
Derbyshire	93.704	98.561	5.2
Devon <sup>(3)</sup>	150.872	97.583	n/a
Dorset	49.460	52.186	5.5
Durham	79.015	79.392	0.5
East Sussex	76.306	81.311	6.6
Essex <sup>(3)</sup>	206.992	172.301	n/a
Gloucestershire	66.678	70.932	6.4
Hampshire	137.052	140.137	2.3
Hereford and Worcester <sup>(3)</sup>	84.392		n/a
Hertfordshire	134.650	140.562	4.4
Kent <sup>(3)</sup>	208.470	189.754	n/a
Lancashire <sup>(3)</sup>	200.097	167.807	n/a
Leicestershire	59.501	64.202	7.9
Lincolnshire	80.602	82.327	2.1
Norfolk	105.747	107.473	1.6
Northamptonshire	71.409	75.443	5.6
Northumberland	43.653	42.560	-2.5
North Yorkshire	70.297	71.579	1.8
Nottinghamshire <sup>(3)</sup>	146.546	96.908	n/a
Oxfordshire	70.860	72.914	2.9
Shropshire <sup>(3)</sup>	52.074	35.789	n/a
Somerset	62.493	65.256	4.4
Staffordshire	91.191	96.536	5.9
Suffolk	83.259	88.352	6.1
Surrey	130.363	134.019	2.8
Warwickshire	57.743	61.872	7.2
West Sussex	102.060	106.461	4.3
Wiltshire	48.547	48.928	0.8
Worcestershire <sup>(4)</sup>		66.861	
<b>TOTAL SHIRE COUNTIES<sup>(1)</sup></b>	<b>3,277.661</b>	<b>2,991.506</b>	<b>n/a</b>

	<i>£ million and percentages</i>		
	1997-98	1998-99	% difference
<b>SHIRE UNITARY AUTHORITIES</b>			
Isles of Scilly	0.282	0.258	-8.3
Isle of Wight	18.798	20.734	10.3
Bath & North East Somerset	21.229	22.746	7.1
Bristol	63.766	66.931	5.0
South Gloucestershire	21.661	23.538	8.7
North Somerset	23.346	25.057	7.3
Luton	23.984	26.761	11.6
Bracknell Forest <sup>(5)</sup>		12.744	
Windsor and Maidenhead <sup>(5)</sup>		16.547	
Reading <sup>(5)</sup>		21.395	
Slough <sup>(5)</sup>		19.790	
Wokingham <sup>(5)</sup>		11.571	
Newbury <sup>(5)</sup>		14.898	
Milton Keynes	22.638	24.296	7.3
Peterborough <sup>(5)</sup>		22.284	
Halton <sup>(5)</sup>		18.907	
Warrington <sup>(5)</sup>		24.530	
Middlesbrough	24.171	25.305	4.7
Hartlepool	14.219	14.850	4.4
Stockton-on-Tees	23.313	24.729	6.1
Redcar and Cleveland	21.095	21.521	2.0
Derby	35.075	37.809	7.8
Plymouth <sup>(5)</sup>		40.836	
Torbay <sup>(5)</sup>		24.066	
Bournemouth	29.672	31.554	6.3
Poole	17.612	19.463	10.5
Darlington	14.800	15.506	4.8
Brighton & Hove	47.223	49.272	4.3
Southend-on-Sea <sup>(5)</sup>		29.518	
Thurrock <sup>(5)</sup>		18.539	
Portsmouth	31.254	32.969	5.5
Southampton	35.513	37.146	4.6
Herefordshire <sup>(5)</sup>		21.804	
Medway Towns <sup>(5)</sup>		29.499	
East Riding of Yorkshire	35.546	37.946	6.8
North East Lincolnshire	21.940	23.849	8.7
North Lincolnshire	19.306	20.393	5.6
Kingston upon Hull	49.478	50.717	2.5
Blackpool <sup>(5)</sup>		28.853	
Blackburn <sup>(5)</sup>		24.250	
Leicester	54.311	57.304	5.5
Rutland	3.377	3.386	0.2
York	21.562	22.505	4.4
Nottingham <sup>(5)</sup>		55.112	
The Wrekin <sup>(5)</sup>		19.704	
Stoke-on-Trent	38.102	41.200	8.1
Swindon	20.113	21.363	6.2
<b>SHIRE UNITARY AUTHORITIES</b>			
Total Shire Unitaries <sup>(2)</sup>	753.385	1253.952	n/a
Total Shires Areas	4031.046	4245.457	5.3
<b>TOTAL ENGLAND</b>	<b>7,392.117</b>	<b>7,814.651</b>	<b>5.7</b>

*Footnotes:*

1. Some Shire Counties were reorganised on 1 April 1998, therefore figures for the two years are not comparable.
2. A number of new authorities were created on 1 April therefore figures for the two years are no comparable.
3. These Shire Counties were reorganised on 1 April 1998. Figures for the two years are *not* comparable.
4. Worcestershire came into being on 1 April 1998, previously Worcestershire was served by Hereford and Worcester County Council.
5. These Shire Unitary Authorities came into existence on 1 April 1998.

## 5.2 Comparison of Budgets with SSAs (formerly A5)

*Can the Department provide a table comparing PSS SSAs with the corresponding budget for each local authority for the latest two years for which comparable information is available? Would the Department illustrate how the total of PSS SSAs and budgeted expenditure in PSS have compared at the national level over the latest five years? would the Department provide a commentary on any trends shown by these figures?*

1. Comparisons of 1996–97 PSS SSAs with provisional outturn expenditure, and 1997–98 PSS SSAs with budgeted expenditure for each local authority appear at Table 5.2.1. Provisional outturn and budget figures have been provided by local authorities but have been adjusted by DETR to make them comparable with standard spending assessments. This has meant excluding expenditure supported by specific grants and making some other technical changes. The provisional outturn figures for 1996–97 do not therefore agree with the figures quoted in response to other questions.

2. The money provided to local authorities by Government is not hypothecated—that is, it is a block amount within which the amounts to be spent on each service (such as PSS) are not prescribed. It is for local authorities to decide how precisely to deploy these resources in the light of local circumstances and priorities. Thus, authorities are free to spend more or less than the amount of the SSA for any particular service. Table 5.2.1 shows that only 16 local authorities planned to spend less on social services than indicated by the level of their SSA in 1997–98. This compares to 17 such authorities in 1996–97. In the aggregate, authorities spent broadly 9 per cent more on social services than the total of PSS SSAs in both years. The table shows a wide variation between authorities in 1997–98, ranging from those spending over 30 per cent more than PSS SSA to those spending more than 8 per cent below. The figures show marked variations in the levels of expenditure between similar and neighbouring councils. Generally, however, Outer London Boroughs tend to exceed their SSAs by a higher average amount than the other classes of authorities, while county areas tend to exceed PSS SSAs by the lowest amounts.

3. Figure 5.2.1 compares PSS SSAs and budgeted expenditure at the national level in recent years. The growth in expenditure has exceeded the increase in PSS SSAs by approximately 1 per cent per annum since 1993–94. In consequence, the gap between spending and SSAs is widening.

**Table 5.2.1 (Summary table)**

### PSS PROVISIONAL OUTTURN 1996–97 AND BUDGET 1997–98 COMPARED TO SSA <sup>(1)</sup>

*£ million and percentages*

	<i>PSS SSA 1996–97 £m</i>	<i>Provisional Outturn 1996–97 £m</i>	<i>% Difference</i>	<i>PSS SSA 1997–98 £m</i>	<i>Budget 1997–98 £m</i>	<i>% Difference</i>
Total Inner London	716.190	784.654	9.6	754.851	822.360	8.9
Total Outer London	752.325	839.219	11.6	794.220	897.710	13.0
Total London Boroughs	1,468.514	1,623.873	10.6	1,549.071	1,720.070	11.0
Total Metropolitan Districts	1,700.231	1,868.107	9.9	1,812.001	2,001.895	10.5
Total Shire Counties	3,386.707	3,627.067	7.1	3,277.661	3,526.267	7.6
Total Shire Unitaries	353.148	388.019	9.9	753.385	819.074	8.7
Total Shire Areas	3,739.854	4,015.086	7.4	4,031.046	4,345.341	7.8
TOTAL ENGLAND	6,908.600	7,507.066	8.7	7,392.117	8,067.306	9.1

*Footnote:*

1. Authorities which budgeted to spend less than their PSS SSA appear with a negative sign.



**Table 5.2.1 (continued)**  
**PSS PROVISIONAL OUTTURN 1996-97 AND BUDGET 1997-98**  
**COMPARED TO SSA<sup>(1)</sup>**

	<i>Provisional</i>			<i>Budget</i>		
	<i>PSS SSA</i>	<i>Outturn</i>	<i>%</i>	<i>PSS SSA</i>	<i>Budget</i>	<i>%</i>
	<i>1996-97</i>	<i>1996-97</i>	<i>Difference</i>	<i>1997-98</i>	<i>1997-98</i>	<i>Difference</i>
<b>INNER LONDON</b>						
City of London	1.457	5.889	304.2	1.561	5.819	272.7
Camden	57.472	63.015	9.6	61.539	65.952	7.2
Greenwich	51.385	55.683	8.4	53.365	58.745	10.1
Hackney	71.695	77.744	8.4	75.700	79.263	4.7
Hammersmith & Fulham	44.870	48.780	8.7	46.983	52.350	11.4
Islington	58.729	66.895	13.9	61.641	69.031	12.0
Kensington & Chelsea	37.364	45.805	22.6	40.373	50.278	24.5
Lambeth	84.841	86.585	2.1	86.801	84.092	-3.1
Lewisham	65.456	57.788	-11.7	69.408	63.984	-7.8
Southwark	70.242	78.212	11.3	73.657	81.467	10.6
Tower Hamlets	55.604	60.229	8.3	59.032	64.110	8.6
Wandsworth	63.679	70.406	10.6	66.987	73.887	10.3
Westminster	53.397	67.623	26.6	57.804	73.382	26.9
<b>Total Inner London</b>	<b>716.190</b>	<b>784.654</b>	<b>9.6</b>	<b>754.851</b>	<b>822.360</b>	<b>8.9</b>
<b>OUTER LONDON</b>						
Barking & Dagenham	29.133	32.192	10.5	30.899	33.896	9.7
Barnet	48.612	53.880	10.8	51.638	57.948	12.2
Bexley	25.774	30.722	19.2	27.410	32.105	17.1
Brent	55.772	53.414	-4.2	57.553	52.681	-8.5
Bromley	37.084	43.606	17.6	39.743	52.312	31.6
Croydon	49.159	57.172	16.3	51.948	60.794	17.0
Ealing	54.272	53.290	-1.8	57.287	57.566	0.5
Enfield	40.534	46.139	13.8	43.305	50.091	15.7
Haringey	56.285	54.328	-3.5	58.229	58.297	0.1
Harrow	29.119	37.594	29.1	30.748	41.087	33.6
Havering	26.984	35.286	30.8	28.742	38.919	35.4
Hillingdon	32.799	39.291	19.8	35.322	40.595	14.9
Hounslow	36.637	40.114	9.5	38.979	43.126	10.6
Kingston Upon Thames	18.101	24.475	35.2	19.135	25.907	35.4
Merton	26.736	29.601	10.7	28.333	31.030	9.5
Newham	57.851	64.280	11.1	60.752	70.486	16.0
Redbridge	33.481	35.618	6.4	35.115	37.603	7.1
Richmond Upon Thames	23.238	28.229	21.5	25.255	29.541	17.0
Sutton	23.901	27.192	13.8	25.415	30.134	18.6
Waltham Forest	46.853	52.796	12.7	48.411	53.592	10.7
<b>Total Outer London</b>	<b>752.325</b>	<b>839.219</b>	<b>11.6</b>	<b>794.220</b>	<b>897.710</b>	<b>13.0</b>
<b>TOTAL LONDON</b>	<b>1,468.514</b>	<b>1,623.873</b>	<b>10.6</b>	<b>1,549.071</b>	<b>1,720.070</b>	<b>11.0</b>
<b>TOTAL ENGLAND</b>	<b>6,908.600</b>	<b>7,507.066</b>	<b>8.7</b>	<b>7,392.117</b>	<b>8,067.306</b>	<b>9.1</b>
<b>METROPOLITAN DISTRICTS</b>						
Bolton	37.958	42.307	11.5	40.229	44.900	11.6
Bury	22.888	24.830	8.5	24.157	25.627	6.1
Manchester	94.560	93.730	-0.9	97.719	100.614	3.0
Oldham	32.309	36.368	12.6	34.744	36.907	6.2
Rochdale	30.812	36.484	18.4	32.480	39.000	20.1
Salford	40.341	47.329	17.3	43.219	49.726	15.1
Stockport	32.534	45.921	41.1	34.842	47.957	37.6
Tameside	31.268	34.413	10.1	33.526	37.321	11.3
Trafford	27.844	30.653	10.1	30.056	33.242	10.6
Wigan	39.321	36.871	-6.2	42.069	42.138	0.2
Knowsley	24.078	24.637	2.3	25.670	26.509	3.3
Liverpool	84.855	110.533	30.3	88.990	117.580	32.1
St Helen	23.717	28.110	18.5	25.361	31.250	23.2
Sefton	40.294	43.992	9.2	43.411	47.907	10.4
Wirral	47.139	52.231	10.8	50.170	54.248	8.1
Barnsley	33.883	30.266	-10.7	36.429	31.919	-12.4

£ million and percentages

	<i>PSS SSA</i> 1996-97	<i>Provisional</i> <i>Outturn</i> 1996-97	% <i>Difference</i>	<i>PSS SSA</i> 1997-98	<i>Budget</i> 1997-98	% <i>Difference</i>
Doncaster	40.283	43.158	7.1	42.686	43.647	2.3
Rotherham	36.139	38.288	5.9	38.936	40.277	3.4
Sheffield	89.526	90.051	0.6	95.829	95.707	-0.1
Gateshead	32.309	37.754	16.9	34.634	40.917	18.1
Newcastle Upon Tyne	48.719	58.237	19.5	51.633	61.437	19.0
North Tyneside	30.310	34.962	15.3	32.743	37.249	13.8
South Tyneside	25.912	28.518	10.1	28.062	30.170	7.5
Sunderland	46.016	51.085	11.0	49.391	53.331	8.0
Birmingham	178.841	182.828	2.2	191.972	201.874	5.2
Coventry	40.709	49.135	20.7	43.305	52.956	22.3
Dudley	37.476	39.016	4.1	40.206	42.900	6.7
Sandwell	49.358	52.206	5.8	52.882	55.513	5.0
Solihull	20.601	26.340	27.9	22.140	27.892	26.0
Walsall	39.420	37.461	-5.0	43.629	41.767	-4.3
Wolverhampton	38.950	47.657	22.4	40.783	51.486	26.2
Bradford	71.906	77.914	8.4	75.447	84.014	11.4
Calderdale	26.924	32.162	19.5	28.077	34.215	21.9
Kirklees	52.609	56.185	6.8	56.626	60.945	7.6
Leeds	107.204	121.041	12.9	114.303	131.952	15.4
Wakefield	43.218	45.434	5.1	45.645	46.801	2.5
<b>Total Metropolitan Districts</b>	1,700.231	1,868.107	9.9	1,812.001	2,001.895	10.5
<b>TOTAL ENGLAND</b>	6,908.600	7,507.066	8.7	7,392.117	8,067.306	9.1
<b>SHIRE COUNTIES<sup>(2)</sup></b>						
Bedfordshire <sup>(3)</sup>	61.927	70.292	13.5	42.201	49.467	17.2
Berkshire	85.052	107.958	26.9	91.439	114.195	24.9
Buckinghamshire <sup>(3)</sup>	68.746	76.304	11.0	50.856	59.257	16.5
Cambridgeshire	76.655	85.578	11.6	82.510	93.656	13.5
Cheshire	109.018	120.630	10.7	117.590	132.990	13.1
Cornwall	60.814	60.349	-0.8	66.035	66.263	0.3
Cumbria	58.907	58.768	-0.2	62.999	64.753	2.8
Derbyshire <sup>(3)</sup>	118.872	131.906	11.0	93.704	104.652	11.7
Devon	138.497	142.088	2.6	150.872	153.452	1.7
Dorset <sup>(3)</sup>	87.993	89.403	1.6	49.460	49.269	-0.4
Durham <sup>(3)</sup>	88.014	84.427	-4.1	79.015	80.017	1.3
East Sussex <sup>(3)</sup>	114.471	121.160	5.8	76.306	79.316	3.9
Essex	193.311	221.160	14.4	206.992	237.092	14.5
Gloucestershire	61.579	64.303	4.4	66.678	69.804	4.7
Hampshire <sup>(3)</sup>	189.430	187.283	-1.1	137.052	132.556	-3.3
Hereford & Worcester	78.602	82.545	5.0	84.392	93.394	10.7
Hertfordshire	125.136	139.808	11.7	134.650	149.134	10.8
Kent	193.896	213.295	10.0	208.470	222.697	6.8
Lancashire	187.309	201.286	7.5	200.097	219.976	9.9
Leicestershire <sup>(3)</sup>	106.952	108.295	1.3	59.501	57.455	-3.4
Lincolnshire	73.704	74.070	0.5	80.602	82.421	2.3
Norfolk	97.014	101.281	4.4	105.747	109.618	3.7
Northamptonshire	66.470	76.744	15.5	71.409	80.965	13.4
Northumberland	40.732	46.560	14.3	43.653	50.606	15.9
North Yorkshire	64.525	61.101	-5.3	70.297	67.961	-3.3
Nottinghamshire	136.379	152.960	12.2	146.546	163.169	11.3
Oxfordshire	66.081	72.783	10.1	70.860	77.765	9.7
Shropshire	48.342	52.692	9.0	52.074	58.030	11.4
Somerset	57.261	58.060	1.4	62.493	65.346	4.6
Staffordshire <sup>(3)</sup>	120.215	127.243	5.8	91.191	96.608	5.9
Suffolk	76.786	79.466	3.5	83.259	84.037	0.9
Surrey	121.616	136.796	12.5	130.363	143.008	9.7
Warwickshire	54.059	54.415	0.7	57.743	60.981	5.6
West Sussex	94.602	94.869	0.3	102.060	103.251	1.2
Wiltshire <sup>(3)</sup>	63.737	71.189	11.7	48.547	53.106	9.4
<b>Total Shire Counties</b>	3,386.707	3,627.067	7.1	3,277.661	3,526.267	7.6
<b>TOTAL ENGLAND</b>	6,908.600	7,507.066	8.7	7,392.117	8,067.306	9.1

£ million and percentages

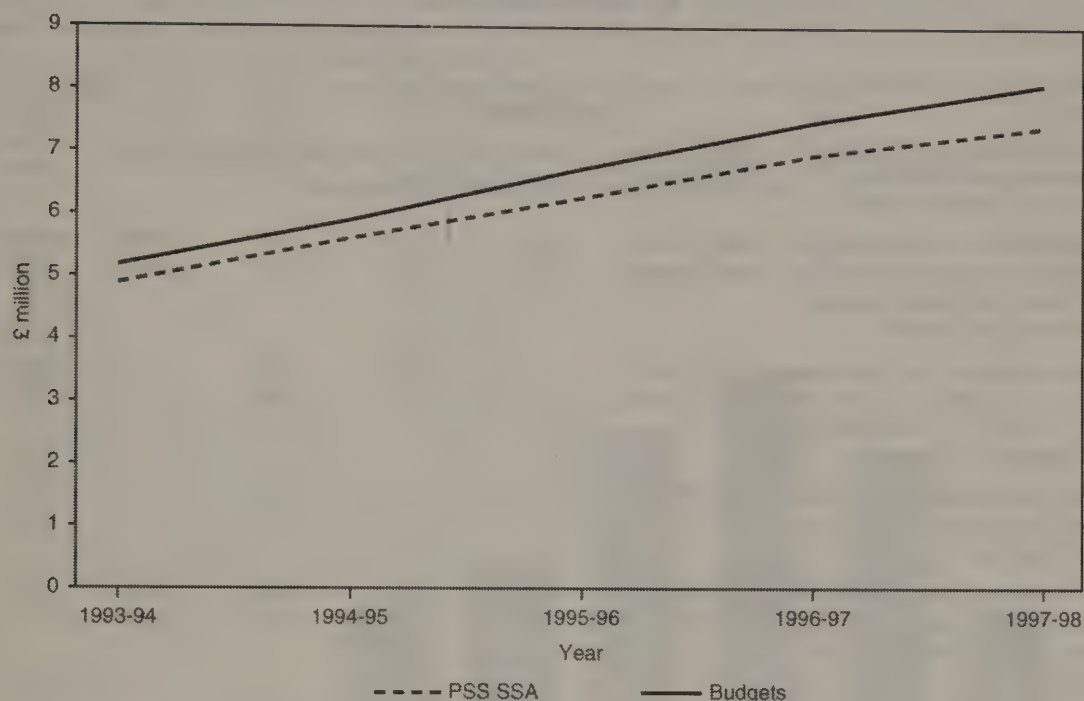
	<i>Provisional</i>					
	<i>PSS SSA</i>	<i>Outturn</i>	<i>%</i>	<i>PSS SSA</i>	<i>Budget</i>	<i>%</i>
	<i>1996-97</i>	<i>1996-97</i>	<i>Difference</i>	<i>1997-98</i>	<i>1997-98</i>	<i>Difference</i>
<b>SHIRE UNITARY AUTHORITIES</b>						
Isles of Scilly	0.245	0.185	-24.5	0.282	0.213	-24.4
Isle of Wight	17.309	17.176	-0.8	18.798	18.257	-2.9
Bath & North East Somerset	19.532	21.762	11.4	21.229	22.982	8.3
Bristol	59.599	72.014	20.8	63.766	79.129	24.1
South Gloucestershire	19.980	20.477	2.5	21.661	22.238	2.7
North Somerset	21.279	20.503	-3.6	23.346	22.746	-2.6
Luton <sup>(4)</sup>				23.984	27.979	16.7
Milton Keynes <sup>(4)</sup>				22.638	23.119	2.1
Middlesbrough	22.672	23.436	3.4	24.171	25.228	4.4
Hartlepool	13.344	15.098	13.1	14.219	15.912	11.9
Stockton-on-Tees	21.920	24.219	10.5	23.313	26.185	12.3
Redcar and Cleveland	19.817	22.023	11.1	21.095	24.544	16.3
Derby City <sup>(4)</sup>				35.075	41.822	19.2
Bournemouth <sup>(4)</sup>				29.672	30.163	1.7
Poole <sup>(4)</sup>				17.612	18.083	2.7
Darlington <sup>(4)</sup>				14.800	13.735	-7.2
Brighton & Hove <sup>(4)</sup>				47.223	53.653	13.6
Portsmouth <sup>(4)</sup>				31.254	33.168	6.1
Southampton <sup>(4)</sup>				35.513	38.271	7.8
East Riding of Yorkshire	32.644	36.013	10.3	35.546	37.777	6.3
North East Lincolnshire	20.449	20.398	-0.2	21.940	21.763	-0.8
North Lincolnshire	17.981	22.984	27.8	19.306	23.988	24.3
Kingston upon Hull	46.297	49.600	7.1	49.478	50.970	3.0
Leicester City <sup>(4)</sup>				54.311	56.784	4.6
Rutland <sup>(4)</sup>				3.377	2.943	-12.9
York	20.079	22.131	10.2	21.562	22.521	4.4
Stoke-on-Trent <sup>(4)</sup>				38.102	42.662	12.0
Swindon <sup>(4)</sup>				20.113	22.239	10.6
<b>Total Shire Unitaries</b>	<b>353.148</b>	<b>388.019</b>	<b>9.9</b>	<b>753.385</b>	<b>819.074</b>	<b>8.7</b>
<b>Total Shire Areas</b>	<b>3,739.854</b>	<b>4,015.086</b>	<b>7.4</b>	<b>4,031.046</b>	<b>4,345.341</b>	<b>7.8</b>
<b>TOTAL ENGLAND</b>	<b>6,908.600</b>	<b>7,507.066</b>	<b>8.7</b>	<b>7,392.117</b>	<b>8,067.306</b>	<b>9.1</b>

*Footnotes:*

1. Authorities which budgeted to spend less than their PSS SSA appear with a negative sign.
2. The figure for shire counties include relevant expenditure by shire districts.
3. These authorities were reorganised on 1 April 1997. Expenditure figures for 1996-97 and 1997-98 will not therefore be comparable.
4. These shire unitary authorities came into being on 1 April 1997.



**Figure 5.2.1**  
**Personal Social Services: Budgets compared to SSA**  
**1993-94 to 1997-98**



### 5.3 Variations between authorities in unit costs

*Would the Department set out in a table how the unit costs of the main social services for children and adults have changed over time? Would the Department quantify the degree of variation in these unit costs between authorities? Would the Department provide a commentary on these figures?*

1. The unit cost figures in table 5.3.1 show in cash and real terms (deflated by GDP at 1995-96 prices) the increases in selected unit costs for the personal social services from 1992-93 to 1996-97. The unit costs include residential and nursing care for older people who are financially supported by the local authorities, hourly costs for home support services, and costs for placements of children looked after with foster parents or in local authority maintained children's homes.

2. The weekly unit cost per week for supporting older people in nursing care has risen steadily for the last three years. The real terms unit cost of supporting elderly residents in local authority staffed residential care homes increased gradually up to 1995-96, and in 1996-97 there was a minor decrease. Conversely the real terms unit cost of supporting elderly residents in independent residential care homes decreased up to 1995-96 followed by a small increase in 1996-97. Costs in the independent sector (private and voluntary homes) represent the costs to local authorities in purchasing care, whereas the costs for local authority homes represent own provision, from a declining stock as homes have been transferred out of local authority control.

3. The rise in unit costs of residential care for older people may have been associated with better or more intensive services (more space, higher staff/resident ratios) and changes in cost or efficiency. There has over the same period been an increase in dependency (measured by age) with the over 85s accounting for 50 per cent of long stay supported residents in homes for older people in 1993-94 and 54 per cent in 1996-97.

4. The independent sector (private and voluntary homes) accounted for 64 per cent of elderly supported residents in residential care homes for older people in 1996-97, a substantial increase from 1992-93 when it accounted for less than 10 per cent.

5. The hourly unit cost for home help/care has been relatively stable at just over £8 for the past four years. There has been a rapid increase in home help/care provision over the same period, with a total of 1.8 million contact hours reported in 1993-94 and 2.5 million contact hours in 1996-97.

6. Unit costs for placing a looked after child in local authority maintained homes have increased gradually over the 4 years up to 1995-96 (the latest available figures) whilst the unit cost for placing children with foster parents has fluctuated between £146 and £159. Over this period there have been changes in the placements of children looked after, with less children in total being looked after, a higher proportion of whom were being fostered and a lower proportion placed in children's homes.

Table 5.3

UNIT COSTS (£s) OF SELECTED PERSONAL SOCIAL SERVICES ENGLAND,  
1992-93 TO 1996-97<sup>(1)</sup>

<i>Unit Cost</i>		<i>£</i>				
		1992-93	1993-94	1994-95	1995-96	1996-97
Gross expenditure per week on supporting residents aged 65 and over in nursing care <sup>(2)</sup>	Cash Terms	..	..	228	243	274
	Real Terms <sup>(5)</sup>	..	..	234	243	266
Gross expenditure per week on supporting residents aged 65 and over in local authority residential care homes <sup>(2)</sup>	Cash Terms	254	271	283	304	311
	Real Terms <sup>(5)</sup>	273	283	291	304	302
Gross expenditure per week on supporting residents aged 65 and over in independent residential care homes <sup>(2)</sup>	Cash Terms	..	244	241	231	245
	Real Terms <sup>(5)</sup>	..	255	248	231	238
Gross expenditure per hour of home help/care for all clients aged 18 or over <sup>(3)</sup>	Cash Terms	..	7.9	7.9	8.2	8.6
	Real Terms <sup>(5)</sup>	..	8.2	8.1	8.2	8.4
Gross expenditure per week per child looked after in local authority maintained children's homes <sup>(4)</sup>	Cash Terms	919	1,023	1,061	1,100	..
	Real Terms <sup>(5)</sup>	987	1,067	1,090	1,100	..
Gross expenditure per week per child looked after by foster parents <sup>(4)</sup>	Cash Terms	136	151	150	159	..
	Real Terms <sup>(5)</sup>	146	158	154	159	..

## Key:

.. = not available

## Footnotes:

1. Expenditure data for 1996-97 are provisional.

2. These unit costs have been calculated by taking gross current expenditure throughout the year on residential and nursing care as appropriate and dividing it by the average of supported residents in such homes reported at 31 March in consecutive years. A supported resident is one who is supported wholly or in part by the local authority. Residents in local authority homes who are assessed to pay the full costs and residents in other homes whose fees are paid in part or through income support are not included.

3. This unit cost is calculated by taking gross current expenditure throughout the year on home care services and dividing it by activity data collected during a sample week in the autumn.

4. These indicators have been calculated by taking gross current expenditure throughout the year on LA maintained children's homes and foster placements and dividing by the average number of children looked after placed in LA maintained children's homes and foster placements respectively at 31 March in consecutive years.

5. Deflated using the GDP deflator at 1995-96 prices.

## Variation between authorities

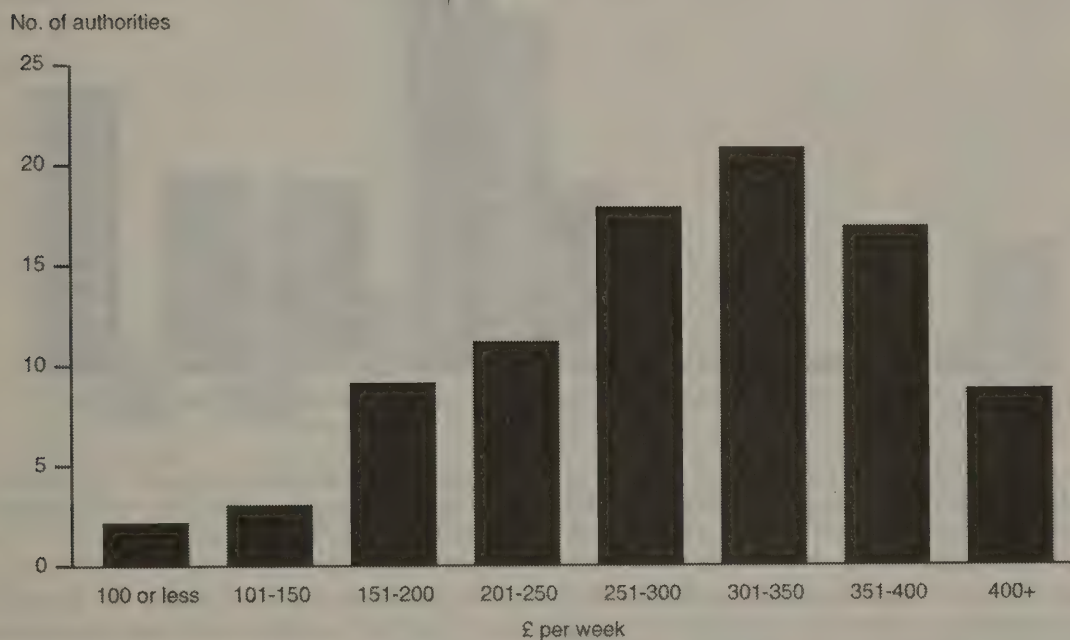
7. There is substantial variation between local authorities in these unit costs, as figures 5.3.1-5.3.6 below demonstrate. Such wide variability of individual authority figures points to issues of data quality and there is a risk that misreporting of data by local authorities has had an effect. In examining unit costs it is likely that extreme high or low values are the result of misreporting of expenditure data by local authorities. It is however notable that even if the more extreme figures are discounted significant variation remains and the Department is of the view that the information provided by local authorities should be used in monitoring social services, which should act as an incentive for authorities to improve their management information generally.

8. Figures 5.3.1-5.3.6 show the unit cost values calculated using expenditure data for 1995-96 as these are finalised figures (expenditure data for 1996-97 are provisional). Where a local authority has reported activity but no expenditure (an implied zero unit cost) they have been excluded from the charts.

9. Figure 5.3.1 shows that the weekly unit cost of supporting older people in nursing care in 1995–96. A number of local authorities (17) reported no expenditure on nursing care for older people, although they did report supporting residents in nursing care homes (an example of misreporting of data), and these authorities have been excluded from figure 5.3.1. The average weekly unit cost for England was £243 in 1995–96 ranging from £100 or less a week in a few authorities to more than £400 a week in others. 43 per cent of the authorities in figure 5.3.1 had a unit cost between £251 and £350.

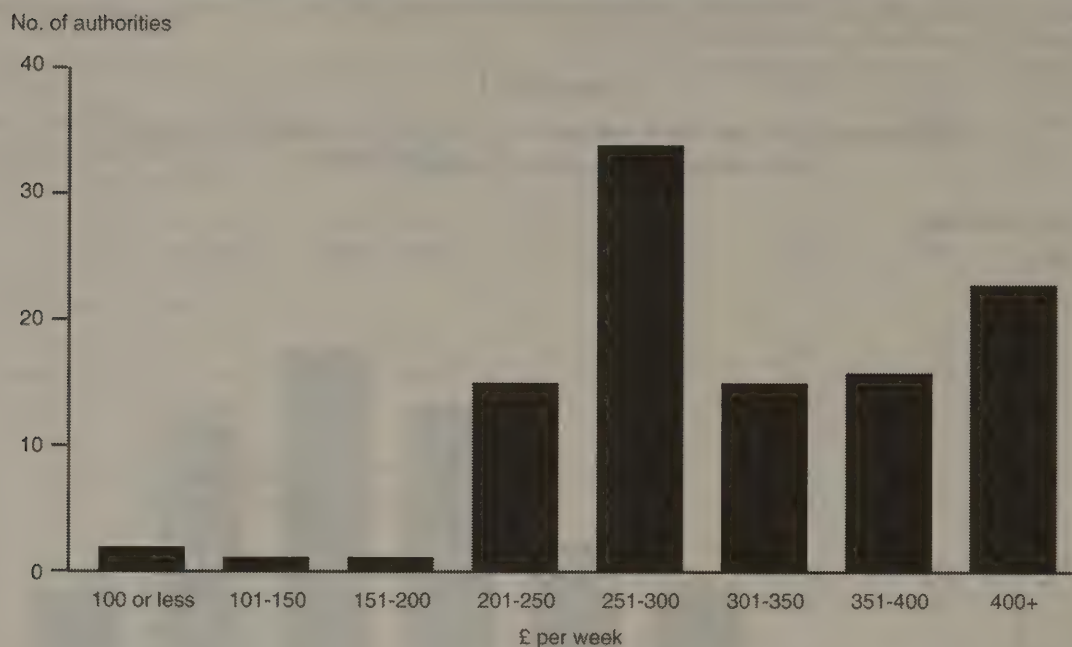
**Figure 5.3.1**

**Gross expenditure per week on nursing care in homes for older people  
per supported resident, England 1995-96**



10. The average weekly cost for supporting a resident aged 65 or over in a local authority residential care home in 1995–96 was £304, with around 45 per cent of authorities having a unit cost between £251–£350. The methodology for calculating the unit costs of residential care is to take expenditure throughout a year and divide it by the average number of supported residents at 31 March in consecutive years. Local authorities who have appreciably changed their stock of homes early or late in the year may have divergent costs from the norm either because of small numbers of residents or because of the “average” calculation method used.



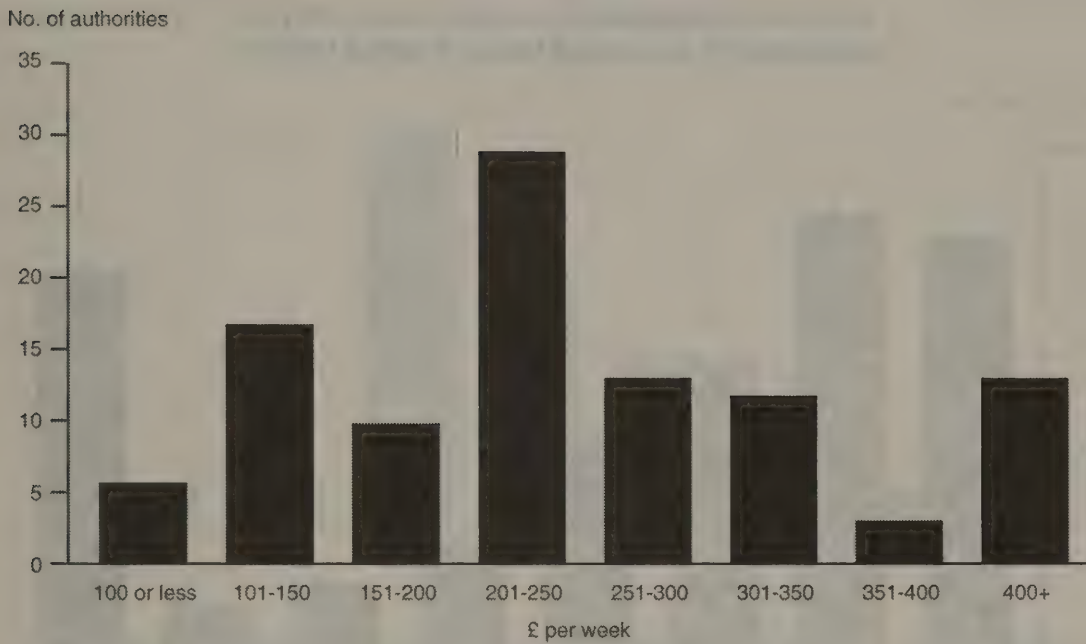
**Figure 5.3.2****Gross expenditure per week on residential care in local authority staffed homes for older people per supported resident, England 1995-96**

11. The weekly cost for a supported resident aged 65 or over in an independent (private or voluntary) residential care home during 1995-96 for individual authorities is shown in figure 5.3.3. For individual authorities this unit cost varied from less than £100 to over £400 (the average for England was £231), with about 41 per cent of authorities having a unit cost between £201 and £300.

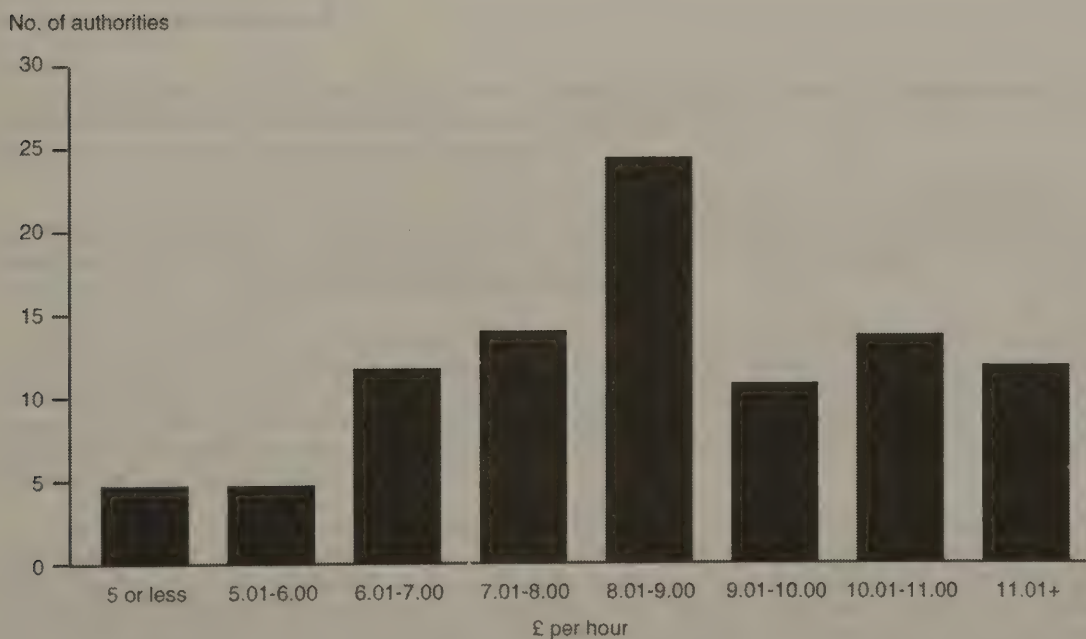
12. Figure 5.3.4 shows the hourly cost of home help/care for individual authorities in 1995-96. The hourly cost varied from less than £5 to more than £11, with about 40 per cent of authorities having a unit cost of between £7 and £9. The average hourly unit cost for England was £8.

**Figure 5.3.3**

**Gross expenditure per week on residential care in independent staffed homes for older people per supported resident, England 1995-96**

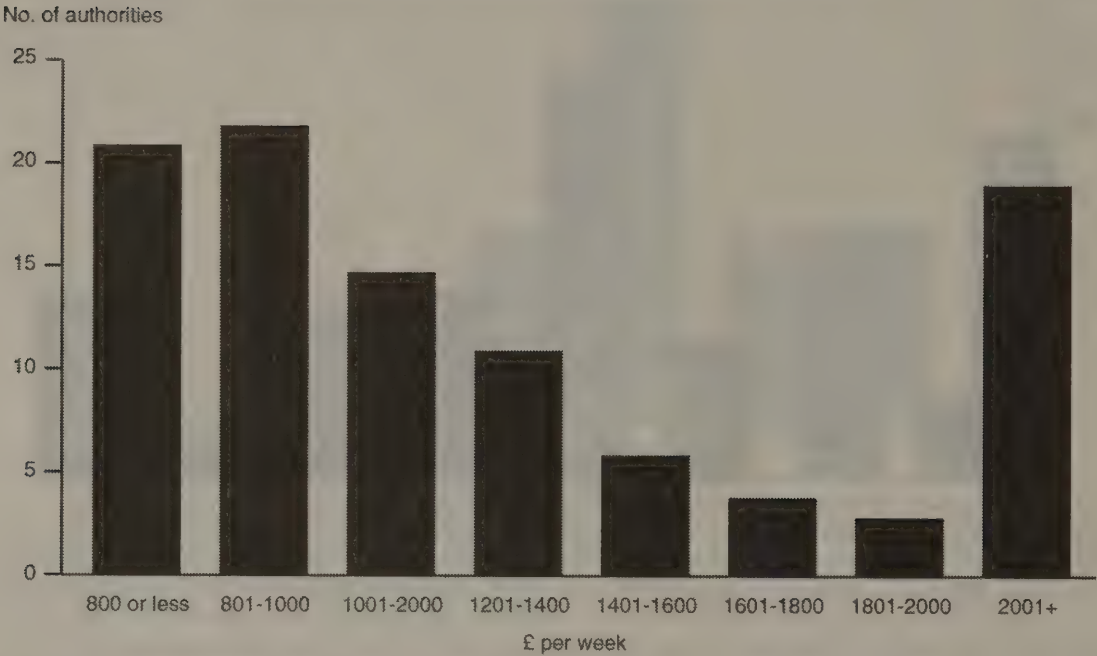
**Figure 5.3.4**

**Gross expenditure per hour of home help/care for all clients, England 1995-96**



13. The average weekly cost to support a looked after child in a local authority maintained children's home in 1995-96 in England was £1,100. This unit cost varied greatly with some local authorities having unit costs of £800 or less and others with unit costs at over £4,000 a week. Just over a third of authorities had a unit cost between £800 and £1,200.

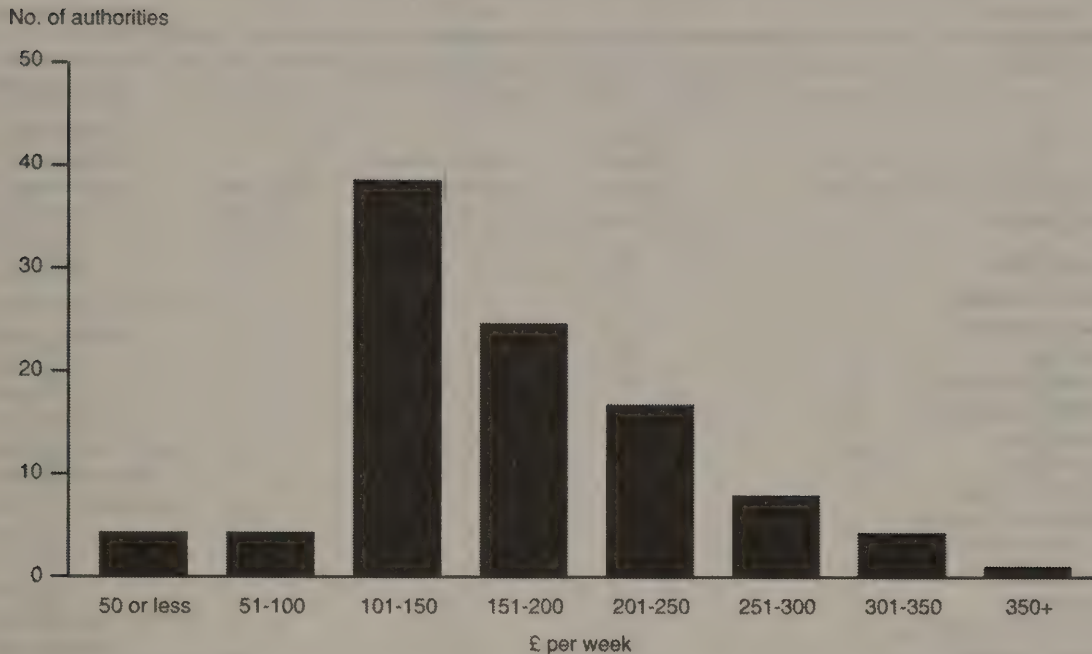
**Figure 5.3.5**  
**Gross weekly expenditure per child looked after in local authority maintained homes, England 1995-96**



14. Figure 5.3.6 shows the variation in weekly unit costs between authorities for placing a looked after child with foster parents. The unit cost for the majority of authorities (over 60 per cent) was between £101 and £200, with the average unit cost for England in 1995-96 of £159.



**Figure 5.3.6**  
**Gross weekly expenditure per child looked after by**  
**foster parents, England 1995-96**



15. Variations between authorities in unit costs are to be expected as the demand for services varies, prices will be affected by regional wage rates (for example higher prices in the South East), and supply factors such as the number of residential care homes will have a bearing. Variations in dependency of clients between authorities may also be relevant. The Department of Health supports a range of research relevant to trends and variations in unit costs of personal social services, including an annually updated study to establish national average unit costs of key health and social care services. Plans are also in hand to commission new research to bring up to date a study conducted during the 1980s to investigate and explain trends and variations in unit costs, through secondary data analysis and fieldwork visits to selected local authorities.

#### 5.4 Independent sector provision

*Can the Department provide a table showing for each authority the latest information on the proportion of social services for adults which are purchased from the independent sector rather than being provided directly? Could the Department supply a commentary on these figures?*

1. Table 5.4 shows for each authority the percentage contribution of the independent sector in respect of three main elements of community based social services for adults (contact hours of home help/home care; meals provided at home and at luncheon clubs; day centre places) and the percentage of local authority supported residents in independent sector residential care homes.

2. Use of the independent sector varies considerably between authorities and, within authorities, between services. A significant number of authorities still make little or no use of the independent sector in the provision of community based services and particularly meals and day centre services. However, at the other extreme, a number of authorities use the independent sector to provide all meals services. In the case of the meals service, this largely relates to the existence in the area of voluntary bodies who may take a significant role in the preparation or delivery of meals.

3. Local authorities place and financially support to some degree significant numbers of clients in independent sector residential care homes—65 per cent of all local authority supported residents. There is some variation in the proportions between authorities, but not to the same extent as with community based services. Over the last few years a substantial number of authorities have transferred some of their homes to independent ownership; some of the variation in proportionate use of the independent sector may reflect the fact that authorities are at different stages in this process. At 31 March 1997 no authority was placing all its clients in independent sector homes. These figures do not include clients supported by local authorities in nursing care homes which are all in the independent sector.

Table 5.4.1

PROPORTION OF SOCIAL SERVICES FOR ADULTS WHICH ARE PURCHASED BY THE  
LOCAL AUTHORITY FROM THE INDEPENDENT SECTOR: ENGLAND 1997

<i>Government office region and local authority</i>	<i>Survey week September 1997<sup>(1)</sup></i>			<i>per cent</i> <i>As at 31 March 1997<sup>(1)</sup></i>
	<i>Contact hours of home help/care</i>	<i>Meals served at home and at luncheon clubs</i>	<i>Day centre places<sup>(2)</sup></i>	<i>Supported residents in residential care<sup>(3)</sup></i>
<b>ENGLAND</b>	44	45	22	65
<b>NORTH EAST</b>				
<b>Shire Counties</b>				
Durham	50	42	16	49
Northumberland	42	90	..	62
<b>Unitary Authorities</b>				
Darlington	33	54	43	.
Hartlepool	21	43	14	48
Middlesbrough	..	0	..	42
Redcar & Cleveland	0	0	13	.
Stockton-on-Tees	..	0	17	50
<b>Metropolitan Districts</b>				
Gateshead	10	15	0	50
Newcastle-upon-Tyne	49	25	53	81
North Tyneside	5	0	34	73
South Tyneside	45	14	15	56
Sunderland	17	100	16	73
<b>NORTH WEST</b>				
<b>Shire Counties</b>				
Cheshire	42	59	0	71
Cumbria	37	12	23	48
Lancashire	53	61	12	64
<b>Metropolitan Districts</b>				
Bolton	14	14	19	65
Bury	39	83	9	44
Manchester	39	9	18	92
Oldham	20	0	16	75
Rochdale	30	13	0	64
Salford	54	18	7	43
Stockport	26	13	21	79
Tameside	24	0	0	81
Trafford	3	94	3	51
Wigan	2	70	..	76
<b>MERSEYSIDE</b>				
<b>Metropolitan Districts</b>				
Knowsley	..	0	0	86
Liverpool	22	9	0	54
St Helens	10	0	0	45
Sefton	58	34	14	58
Wirral	19	0	..	50
<b>YORKSHIRE &amp; THE HUMBER</b>				
<b>Shire Counties</b>				
North Yorkshire	27	40	39	47
<b>Unitary Authorities</b>				
East Riding	42	4	14	83
Kingston-upon-Hull	20	18	1	85
N E Lincolnshire	14	15	0	59
N Lincolnshire	35	6	0	68
York	30	61	10	40
<b>Metropolitan Districts</b>				
Barnsley	34	0	7	62
Bradford	21	16	29	62
Calderdale	22	7	33	44

<i>Government office region and local authority</i>	<i>Survey week September 1997<sup>(1)</sup></i>			<i>per cent</i>
				<i>As at 31 March 1997<sup>(1)</sup></i>
	<i>Contact hours of home help/care</i>	<i>Meals served at home and at luncheon clubs</i>	<i>Day centre places<sup>(2)</sup></i>	<i>Supported residents in residential care<sup>(3)</sup></i>
Doncaster	47	67	12	47
Kirklees	13	3	40	56
Leeds	..	20	0	39
Rotherham	16	0	27	45
Sheffield	14	73	..	61
Wakefield	0	0	5	66
<b>EAST MIDLANDS</b>				
<b>Shire Counties</b>				
Derbyshire	18	80	19	56
Leicestershire	58	20	18	71
Lincolnshire	29	38	19	69
Northamptonshire	58	20	48	53
Nottinghamshire	10	13	0	58
<b>Unitary Authorities</b>				
Derby	18	100	17	.
Leicester	46	35	29	.
Rutland	44	80	0	.
<b>WEST MIDLANDS</b>				
<b>Shire Counties</b>				
Hereford & Worcester	28	66	10	64
Shropshire	57	77	0	82
Staffordshire	27	32	..	47
Warwickshire	36	100	..	75
<b>Unitary Authorities</b>				
Stoke-on-Trent	0	67	11	.
<b>Metropolitan Districts</b>				
Birmingham	..	0	..	56
Coventry	54	11	41	52
Dudley	41	26	35	58
Sandwell	50	0	36	56
Solihull	40	100	34	55
Walsall	67	34	31	48
Wolverhampton	56	32	20	44
<b>SOUTH WEST</b>				
<b>Shire Counties</b>				
Cornwall	72	100	..	98
Devon	43	5	21	79
Dorset	37	95	..	85
Gloucestershire	57	19	24	91
Isles of Scilly	100	0	..	9
Somerset	96	85	18	78
Wiltshire	43	51	..	46
<b>Unitary Authorities</b>				
Bath & N E Somerset	28	100	17	56
Bournemouth	55	0	0	.
Bristol	..	100	0	50
North Somerset	17	33	4	74
Poole	45	0	0	.
South Gloucestershire	..	0	0	43
Swindon	35	49	35	.
<b>EASTERN</b>				
<b>Shire Counties</b>				
Bedfordshire	..	94	2	54
Cambridgeshire	..	32	..	41
Essex	46	29	22	62
Hertfordshire	72	44	..	81
Norfolk	39	33	50	67



<i>Government office region and local authority</i>	<i>Survey week September 1997<sup>(1)</sup></i>			<i>per cent</i>
	<i>Contact hours of home help/care</i>	<i>Meals served at home and at luncheon clubs</i>	<i>Day centre places<sup>(2)</sup></i>	<i>As at 31 March 1997<sup>(1)</sup></i>
				<i>Supported residents in residential care<sup>(3)</sup></i>
Suffolk	49	..	29	54
<b>Unitary Authorities</b>				
Luton	51	0	1	.
<b>LONDON</b>				
<b>Inner London</b>				
Camden	35	30	46	69
Greenwich	69	4	7	61
Hackney	75	32	57	75
Hammersmith & Fulham	48	9	10	65
Islington	53	27	36	68
Kensington & Chelsea	53	87	40	58
Lambeth	5	100	0	31
Lewisham	20	36	0	75
Southwark	57	3	0	65
Tower Hamlets	41	26	27	71
Wandsworth	53	100	31	87
Westminster	57	100	52	75
City of London	49	100	..	58
<b>Outer London</b>				
Barking & Dagenham	23	..	0	40
Barnet	77	54	..	65
Bexley	11	0	32	79
Brent	86	8	10	77
Bromely	4	..	..	93
Croydon	34	92	21	70
Ealing	..	0	0	81
Enfield	59	22	15	76
Haringey	42	27	27	85
Harrow	..	0	0	81
Havering	31	32	7	50
Hillingdon	31	14	4	29
Hounslow	62	2	27	77
Kingston-upon-Thames	73	39	44	63
Merton	51	1	42	48
Newham	31	100	0	78
Redbridge	44	9	9	56
Richmond-upon-Thames	56	100	19	68
Sutton	0	1	30	67
Waltham Forest	18	25	32	76
<b>SOUTH EAST</b>				
<b>Shire Counties</b>				
Berkshire	47	66	32	67
Buckinghamshire	41	63	33	86
East Sussex	71	0	47	81
Hampshire	74	80	25	57
Kent	80	74	50	78
Oxfordshire	49	63	53	44
Surrey	68	29	..	45
West Sussex	18	100	18	70

Government office region and local authority	Survey week September 1997 <sup>(1)</sup>			per cent
				As at 31 March 1997 <sup>(1)</sup>
	Contact hours of home help/care	Meals served at home and at luncheon clubs	Day centre places <sup>(2)</sup>	Supported residents in residential care <sup>(3)</sup>
<b>Unitary Authorities</b>				
Brighton & Hove	74	0	24	.
Isle of Wight	30	100	78	91
Milton Keynes	0	99	52	.
Portsmouth	100	96	11	.
Southampton	74	5	38	.

## Footnotes:

1. Data collected on DH annual returns HH1 (home help), MS1 (meals), DC3 (day centres) for a survey week during the autumn, and SR1 (supported residents) as at 31 March.

2. Whole-day equivalent places.

3. Includes residents supported in other authorities.

## Key:

.. not available.

. not applicable—unitary authority came into existence on 1 April 1997.

## 5.5 Care for children

*Could the Department provide a table, by Local Authority, comparing the number of children fostered, with the number of children placed in community homes.*

1. Table 5.5.1 provides the information in respect of the situation at 31 March 1996. This is drawn from the annual statistical publication *Children Looked After by Local Authorities, Year Ending 31 March 1996, England*, which provides further information on the commencement and termination of periods looked after. Information for the year ending 31 March 1997 will be published in the next few months.

Table 5.5.1

## CHILDREN LOOKED AFTER BY LOCAL AUTHORITIES AT 31 MARCH 1996, BY PLACEMENT

## England

	All children	Numbers and percentages							
		Foster placements		Community Homes		Other Placements		Community home placements as a % of foster placements	
		Numbers	%	Numbers	%	Numbers	%		
<b>ENGLAND</b>	51,200	33,500	65	5,500	11	12,700	24	17	
<b>Shire Counties</b>									
<b>North of England</b>									
Cheshire	345	254	74	29	8	61	18	11	
Cleveland	573	355	62	94	16	123	21	26	
Cumbria	461	293	64	35	8	133	29	12	
Durham	618	347	56	98	16	173	28	28	
Humberside	1,282	762	59	127	10	393	31	17	
Lancashire	1,722	953	55	378	22	391	23	40	
Northumberland	270	134	50	54	20	82	30	40	
North Yorkshire	452	277	61	40	9	135	30	14	
<b>Central England</b>									
Cambridgeshire	751	539	72	45	6	167	22	8	
Derbyshire	1,037	758	73	75	7	204	20	10	
Hereford									
Worcester	638	460	72	36	6	142	22	8	

*Numbers and percentages*

	<i>All children</i>	<i>Foster placements</i>		<i>Community Homes</i>		<i>Other Placements</i>		<i>Community home placements as a % of foster placements</i>
		<i>Numbers</i>	<i>%</i>	<i>Numbers</i>	<i>%</i>	<i>Numbers</i>	<i>%</i>	
Leicestershire	622	460	74	41	7	121	19	9
Lincolnshire	501	293	58	63	13	145	29	22
Norfolk	605	514	85	20	3	71	12	4
Nottinghamshire	964	597	62	108	11	259	27	18
Shropshire	381	237	62	52	14	92	24	22
Staffordshire <sup>(3)</sup>	896	531	59	164	18	200	22	31
Suffolk	436	331	76	37	8	68	16	11
Warwickshire <sup>(3)</sup>	424	337	79	10	2	76	18	3
<b>Southern England</b>								
Avon	1,032	681	66	93	9	257	25	14
Bedfordshire	505	318	63	45	9	141	28	14
Berkshire	683	337	49	90	13	255	37	27
Buckinghamshire	542	384	71	67	12	91	17	17
Cornwall	440	338	77	20	5	82	19	6
Devon	1,165	893	77	90	8	182	16	10
Dorset	469	339	72	44	9	86	18	13
Essex	1,344	831	62	79	6	434	32	10
Gloucestershire	392	269	69	37	9	86	22	14
Hampshire	1,033	703	68	131	13	199	19	19
Hertfordshire	649	446	69	53	8	150	23	12
Isle of Wight	134	98	73	16	12	20	15	16
Isles of Scilly	—	—	—	—	—	—	—	—
Kent	..	..	..	..	..	..	..	..
Northamptonshire	609	335	55	93	15	181	30	28
Oxfordshire	483	382	79	37	8	64	13	10
Somerset	389	298	77	42	11	49	13	14
Surrey	633	400	63	62	10	171	27	16
East Sussex	749	570	76	41	5	138	18	7
West Sussex	683	430	63	73	11	180	26	17
Wiltshire	461	333	72	10	2	118	26	3
<b>Metropolitan Districts</b>								
<b>North of England</b>								
Barnsley	318	183	58	47	15	88	28	26
Bolton	313	164	52	39	12	110	35	24
Bradford	671	466	69	50	7	155	23	11
Bury	176	110	63	28	16	38	22	25
Calderdale	249	156	63	40	16	53	21	26
Doncaster	288	185	64	40	14	63	22	22
Gateshead	254	122	48	67	26	65	26	55
Kirklees	384	150	39	93	24	141	37	62
Knowsley	239	192	80	11	5	36	15	6
Leeds	1,151	693	60	149	13	309	27	22
Liverpool	1,050	586	56	126	12	338	32	22
Manchester	1,163	757	65	81	7	325	28	11
Newcastle upon Tyne <sup>(3)</sup>	406	236	58	58	14	113	28	25
Oldham <sup>(3)</sup>	265	174	66	38	14	52	20	22
Rochdale	189	110	58	30	16	49	26	27
Rotherham	296	181	61	42	14	73	25	23
Salford	355	240	68	33	9	82	23	14
Sefton	255	157	62	56	22	42	16	36
Sheffield	518	327	63	48	9	143	28	15
St. Helens	224	119	53	40	18	65	29	34
Stockport	271	160	59	47	17	65	24	29
Sunderland	373	243	65	73	20	57	15	30
Tameside	272	164	60	23	8	85	31	14
Trafford	130	49	38	40	31	41	32	82
North Tyneside	253	188	74	20	8	45	18	11
South Tyneside	265	175	66	50	19	40	15	29
Wakefield	458	347	76	38	8	73	16	11



Numbers and percentages								
	<i>All children</i>	<i>Foster placements</i>		<i>Community Homes</i>		<i>Other Placements</i>		<i>Community home placements as a % of foster placements</i>
		<i>Numbers</i>	<i>%</i>	<i>Numbers</i>	<i>%</i>	<i>Numbers</i>	<i>%</i>	
Wigan <sup>(3)</sup>	230	158	69	31	13	41	18	20
Wirral	263	147	56	36	14	80	30	24
<b>Central England</b>								
Birmingham	1,456	842	58	256	18	358	25	30
Coventry	337	214	64	15	4	108	32	7
Dudley	256	142	55	35	14	79	31	25
Sandwell	450	335	74	34	8	81	18	10
Solihull	..	..	..	..	..	..	..	..
Walsall	247	188	76	14	6	45	18	7
Wolverhampton	399	243	61	27	7	129	32	11
<b>London Boroughs</b>								
<b>Inner London</b>								
Camden	255	141	55	1	0	113	44	1
City of London	2	—	—	—	—	2	100	—
Greenwich <sup>(3)</sup>	342	231	68	25	7	85	25	11
Hackney	403	296	73	14	3	93	23	5
Hammersmith	293	173	59	18	6	102	35	10
Islington	373	233	62	51	14	89	24	22
Kensington	240	161	67	30	13	49	20	19
Lambeth	716	452	63	6	1	258	36	1
Lewisham	477	369	77	3	1	105	22	1
Southwark	587	477	81	43	7	67	11	9
Tower Hamlets	..	..	..	..	..	..	..	..
Wandsworth	368	230	63	52	14	86	23	23
Westminster	307	178	58	56	18	73	24	31
<b>Outer London</b>								
Barking <sup>(3)</sup>	126	86	68	16	13	24	19	19
Barnet	174	114	66	8	5	52	30	7
Bexley	129	82	64	12	9	35	27	15
Brent	347	220	63	11	3	116	33	5
Bromley	232	127	55	16	7	89	38	13
Croydon	288	187	65	44	15	57	20	24
Ealing	335	153	46	70	21	112	33	46
Enfield	162	116	72	13	8	33	20	11
Haringey	..	..	..	..	..	..	..	..
Harrow <sup>(3)</sup>	161	135	84	16	10	10	6	12
Havering	150	72	48	17	11	61	41	24
Hillingdon	314	168	54	28	9	118	38	17
Hounslow <sup>(3)</sup>	261	155	59	30	11	75	29	19
Kingston-upon-Thames	92	61	66	9	10	22	24	15
Merton	181	131	72	3	2	47	26	2
Newham	321	229	71	26	8	66	21	11
Redbridge	170	117	69	17	10	36	21	15
Richmond	88	53	60	7	8	28	32	13
Sutton	117	86	74	8	7	23	20	9
Waltham Forest	269	206	77	21	8	42	16	10

**Footnotes:**

1. These figures exclude children who were looked after under an agreed series of short-term placements.
2. An overall multiplying factor of 1.0747 has been applied to account for missing data.
3. Adjustment made to local authority figures to account for poor quality data.
4. Totals may not add up due to rounding.

**Key:**

— zero.

.. not available.

## 5.6 Variations in service delivery (formerly C6)

*Can the Department provide figures showing how the delivery of non-residential social services has changed over the last five years and comment on these trends?*

1. Table 5.6.1 presents information on home help/home care, meals services and day centre provision for the period from 1992, immediately prior to the implementation of the community care reforms and the first of the current collections, to 1997. Information is derived from the statistical collections for a sample week in September/October each year. Fuller information is published in the Statistical Bulletin *Community care statistics 1997, Day and domiciliary personal social services for adults, England* (bulletin ref 1998/13 ISBN 1 85839 867 3).

### Home help/care contact hours

2. Between 1992 and 1997 the total number of contact hours provided during the survey week increased by around 56 per cent, from 1.7 million to 2.6 million hours. By contrast, the number of households receiving home help/care dropped from around 530,000 in 1992 to 470,000 in 1997 suggesting a more intensive service is provided to fewer households. All of the increase in provision was in the independent sector, while the number of contact hours provided directly by Local Authorities dropped by 9 per cent over the period.

3. The increase in the intensity of service is highlighted in the length and frequency of visits to households during the survey week (not shown in the table). In 1997, around 27 per cent of total contact hours provided were spent with households receiving a more intense service (of more than five hours and six or more visits), compared to 11 per cent in 1992. The proportion spent on "low" intensity households (just one visit lasting less than two hours) was around 42 per cent in 1992, dropping to 26 per cent in 1997.

### Meals services

4. The total number of meals provided (either in luncheon clubs or as meals-on-wheels to clients' own homes) increased by 5 per cent over the period 1992 to 1995 (777,000 to 818,000) but then dropped in 1996 and again in 1997 to 756,000. Similarly, the number of people receiving meals dropped over the period from 276,000 to 247,000 in 1997 having risen to over 300,000 in 1994. The Local Authority sector still accounts for the majority of meals provided, 55 per cent in 1997 from 60 per cent in 1992. The proportion of meals supplied by the private sector however has increased from 4 per cent in 1992 to 13 per cent in 1997.

### Day centre places

5. The number of day centre places available increased by 24 per cent from 509,000 in 1992 to 631,000 in 1997, with attendances at the centres increasing by the same percentage from 393,000 to 490,000. The Local Authority share of provision has dropped steadily over the period from 90 per cent to 77 per cent of the total.

Table 5.6.1

NON-RESIDENTIAL SOCIAL SERVICES FOR ADULTS, AUTUMN SURVEY WEEK,  
1992 TO 1997, ENGLAND <sup>(1)</sup>

						units
	<i>Year</i>	<i>All sectors</i>	<i>Local Authority</i>	<i>Voluntary</i>	<i>Private</i>	<i>NHS</i>
<b>Home help/care:</b>						
contact hours provided	1992	1,687,000	1,647,800	6,800	32,300	-
	1993	1,780,800	1,694,300	16,100	70,400	-
	1994	2,215,100	1,787,000	62,200	366,000	-
	1995	2,395,700	1,688,900	78,100	628,700	-
	1996	2,482,200	1,585,800	96,000	804,800	-
	1997	2,637,800	1,484,900	139,900	1,013,000	-
households receiving	1992	528,500	517,700	2,300	8,600	-
	1993	514,600	495,800	5,400	13,500	-
	1994	538,900	479,300	12,800	46,800	-
	1995	513,600	419,600	16,400	77,500	-
	1996	491,100	370,200	19,300	101,700	-
	1997	471,000	324,800	22,000	124,300	-
<b>Meals services:<sup>(2)</sup></b>						
meals provided	1992	776,700	468,600	270,300	33,500	4,300
	1993	768,400	461,300	262,100	39,400	5,600
	1994	794,100	443,700	282,400	63,600	4,500
	1995	818,400	445,100	285,100	83,260	4,900
	1996	771,000	428,300	270,700	70,000	2,036
	1997	756,300	414,000	239,100	100,700	2,500
people receiving meals	1992	275,700	156,000	106,500	11,300	2,000
	1993	286,900	155,100	118,100	11,100	2,600
	1994	300,460	152,000	130,000	16,200	2,200
	1995	266,600	126,000	120,200	18,900	1,500
	1996	251,800	119,500	113,600	18,100	600
	1997	247,300	115,300	109,500	22,100	400
<b>Day centres:<sup>(3)</sup></b>						
places	1992	509,300	458,900	49,000	1,400	-
	1993	524,900	465,700	57,500	1,800	-
	1994	569,300	487,100	78,300	3,800	-
	1995	602,000	496,500	97,400	8,200	-
	1996	609,300	482,200	106,900	20,100	-
	1997	631,900	490,200	128,700	13,000	-
attendances	1992	393,400	353,700	38,500	1,100	-
	1993	419,500	370,300	48,300	900	-
	1994	449,000	386,500	60,100	2,400	-
	1995	464,000	386,200	72,600	5,300	-
	1996	482,100	386,400	84,700	11,000	-
	1997	489,900	382,400	98,300	9,200	-

**Footnotes:**

1. Data are collected on DH annual returns HH1 (home help/care), MS1 (meals services) and DC3 (day centres) for a survey WEEK during the Autumn. The figures are shown rounded to the nearest hundred. Components may not therefore add to the totals.

2. Meals to peoples' homes as meals-on-wheels or at luncheon clubs.

3. Figures are whole-day equivalent places.



5.7 PSS demographic pressures (formerly B7/A2)

*Can the Department provide details of the specific inflation index calculated for social services, and an assessment of the financial effect of demographic pressures on social services.*

**The Inflation Index**

- 1. Details of the specific inflation index for personal social services are set out in table 5.7.1 below.
- 2. The inflation figures for 1995–96 and 1996–97 were calculated by the former Cleveland County Council on the basis of a questionnaire seeking details from local authorities on pay, running costs and the actual costs of contracted out services. However, following the recent changes to local government boundaries, Cleveland County Council no longer exists. The Department of Health will be producing the index for 1997–98 using broadly the same method, but has not yet received all of the data required to do so. The Department, Department for Environment, Transport and the Regions and Local Government Association are considering alternative arrangements to continue the work in future years.

**TABLE 5.7.1**

**PSS PAY AND PRICES INDEX**

	<i>Index</i>	<i>% increase over previous year</i>
1995–96	163.6	2.5
1996–97	168.3	2.9
1997–98	n/a	n/a

**The Financial Effect of Demographic Changes**

- 3. The Department’s estimates of the notional financial consequences of demographic changes on social services are set out in table 5.7.2 below.
- 4. The calculation is based on estimated population changes for children (aged 0–17), adults (18–64) and people aged 65 and over, which is further broken down into five year age bands up to age 84 years, with age 85 and over as one group.
- 5. Age-specific service utilisation rates are used to estimate the notional additional financial requirement for each age band, based on year-on-year changes in the number of people in each age band.
- 6. The estimates for 1996–97 to 1998–99 differ from those supplied to the Health Committee last year. Previous estimates used the population figures available at the time the calculation was made, but these figures have subsequently been revised. The estimates below are consistently based on the latest population information produced by the Office for National Statistics.

**TABLE 5.7.2**

**NOTIONAL FINANCIAL EFFECT ON PSS OF DEMOGRAPHIC PRESSURES**

	<i>% increase over previous year</i>
1996–97	0.8
1997–98	0.5
1998–99	0.3
1999–00	0.7

5.8 PSS Programme Budgets (formerly A3)

*Can the Department provide a breakdown by client group of gross expenditure for the latest available two years on the main items of social services activity. Can the Department also update table A3.5 of last year’s response?*

- 1. Tables 5.8.1 and 5.8.2 show the breakdown by client group of gross expenditure for 1996–97 and 1995–96. Table 5.8.3 updates table A3.5 of last year’s response (HC297).

Table 5.8.1

## PSS GROSS EXPENDITURE, 1996-97

England	£ million					
	<i>Total</i>	<i>Mental Health<sup>1</sup></i>	<i>Learning Disabilities<sup>1</sup></i>	<i>Children<sup>1</sup></i>	<i>Adults<sup>1</sup></i>	<i>Elderly<sup>1</sup></i>
HQ Costs	123	—	—	—	—	—
Area Officers/Senior Managers	308	25	21	143	23	95
Care Management/Care Assessment	823	86	58	321	74	284
Residential Care	4,373	185	665	657	181	2,685
Non Residential Care	3,333	153	451	907	357	1,466
Field Social Work	207	19	14	113	16	44
Other	96	—	—	—	96	—
<b>TOTAL</b>	<b>9,263</b>	<b>468</b>	<b>1,208</b>	<b>2,142</b>	<b>748</b>	<b>4,575</b>

Footnote:

1. In accordance with CIPFA guidance, a number of Support Management costs are reallocated to individual client groups.

Table 5.8.2

## PSS GROSS EXPENDITURE, 1995-96

England	£ million					
	<i>Total</i>	<i>Mental Health<sup>1</sup></i>	<i>Learning Disabilities<sup>1</sup></i>	<i>Children<sup>1</sup></i>	<i>Adults<sup>1</sup></i>	<i>Elderly<sup>1</sup></i>
HQ Costs	121	—	—	—	—	—
Area Officers/Senior Managers	327	23	23	153	29	99
Care Management/Care Assessment	688	69	47	289	62	221
Residential Care	3,774	147	561	631	153	2,282
Non Residential Care	3,151	141	430	841	333	1,406
Field Social Work	246	26	20	120	19	61
Other	87	—	—	—	87	—
<b>TOTAL</b>	<b>8,393</b>	<b>406</b>	<b>1,080</b>	<b>2,033</b>	<b>683</b>	<b>4,070</b>

Footnote:

1. In accordance with CIPFA guidance, a number of Support Management costs are reallocated to individual client groups.

Table 5.8.3

## LOCAL AUTHORITY PERSONAL SOCIAL SERVICES GROSS EXPENDITURE, 1996-97 PRICES

England	£ million							
	<i>1986-87</i>	<i>1991-92</i>	<i>1992-93</i>	<i>1993-94</i>	<i>1994-95 (with unallocated central admin.)</i>	<i>1994-95 (with allocated central admin.)</i>	<i>1995-96 (with allocated central admin.)</i>	<i>1996-97 (with allocated central admin.)</i>
<i>HQ Costs</i>								
Director and senior staff	..	..	..	..	46.9	73.0	71.0	67.4
Registration, Inspection and Complaints	..	17.6	28.7	41.5	48.4	48.4	53.1	55.2
<i>Mental Health</i>								
Residential	35.8	43.9	43.9	48.8	109.3	122.6	151.5	185.0
Non Residential (exc. Field Social Work)	19.6	73.0	93.9	127.7	105.6	123.8	145.3	153.0
Field Social Work	..	50.7	62.6	68.2	24.6	24.6	26.9	19.4
Care Assessment/Care Management	..	..	..	..	63.7	63.7	71.0	85.6

	1986-87	1991-92	1992-93	1993-94	1994-95 (with unallocated central admin.)	1994-95 (with allocated central admin.)	1995-96 (with allocated central admin.)	1996-97 (with allocated central admin.)
<i>Learning Disabilities</i>								
Residential	178.5	276.0	301.5	355.8	462.7	516.2	577.0	664.5
Non Residential (exc. Field Social Work)	214.5	319.4	325.1	344.8	359.0	413.2	442.6	450.6
Field Social Work	..	61.6	69.2	57.8	20.9	20.9	20.1	14.3
Care Assessment/Care Management	..	..	..	..	37.1	37.1	48.3	57.6
<i>Children</i>								
Residential	587.4	544.6	544.3	532.8	570.6	648.8	649.4	656.9
Non Residential (exc. Field Social Work)	458.5	651.5	684.6	715.9	722.1	836.1	865.3	906.8
Field Social Work	..	307.1	332.5	352.1	138.2	138.2	123.5	113.0
Care Assessment/Care Management	..	..	..	..	265.2	265.2	297.5	321.4
<i>Adults</i>								
Residential	62.9	74.3	73.8	79.4	125.8	139.0	157.4	180.9
Non Residential (exc. Field Social Work)	153.0	197.3	207.4	259.1	252.1	292.6	343.3	356.9
Field Social Work	..	56.6	64.6	67.2	21.8	21.8	19.3	16.3
Care Assessment/Care Management	..	..	..	..	52.9	52.9	63.4	74.1
<i>Elderly</i>								
Residential	1,172.2	1,155.5	1,091.3	1,324.9	1,831.0	2,003.2	2,348.7	2,685.3
Non Residential (exc. Field Social Work)	779.0	979.0	982.0	1,021.6	1,224.2	1,383.6	1,446.6	1,466.2
Field Social Work	..	179.0	184.9	198.8	59.7	59.7	63.1	44.3
Care Assessment/Care Management	..	..	..	..	217.2	217.2	227.9	283.8
Other Adults <sup>(1)(2)</sup>	127.9	100.6	98.4	98.2	86.4	92.7	90.1	96.3
Field Social Work for other adults	..	59.0	42.8	33.5	..	..	..	..
Field Social Work <sup>(5)</sup>	624.9	..	..	..	..	..	..	..
Care Management/Care Assessment <sup>(3)(5)</sup>	..	22.4	37.5	115.5	..	..	..	..
Area Officers/Senior Managers <sup>(4)</sup>	..	..	..	..	125.9	318.8	334.9	307.8
Training <sup>(4)</sup>	42.5	77.0	83.4	84.6	89.0	89.0	83.0	77.8
Occupational Therapy <sup>(4)</sup>	..	33.2	38.4	40.3	42.7	42.7	39.3	45.6
Unallocated central admin.	728.4	729.6	724.0	813.3	941.9	..	..	..
<b>TOTAL</b>	<b>5,185.1</b>	<b>6,008.7</b>	<b>6,114.7</b>	<b>6,782.0</b>	<b>7,913.1</b>	<b>7,913.1</b>	<b>8,637.3</b>	<b>9,262.6</b>

*Footnotes:*

1. Includes both residential and non residential costs not specified elsewhere.

2. Includes health related Social Work for 1994-95, 1995-96 and 1996-97.

3. Includes all client groups

4. Reallocated within total Social Services Management and Support Services in 1994-95, 1995-96 and 1996-97.

5. Where not separately identifiable.



## 5.9 Capital spending on social services

5.9a Can the Department provide figures on the acquisition, upgrade and sale of personal social services assets, for the years 1993–94 to 1997–98?

5.9b Can the Department comment on the outcome for personal social services of the Capital Challenge Pilot Fund scheme?

5.9c What are the Department's criteria for supporting PFI projects in personal social services?

5.9d Can the Department comment on the use of PFI to date?

### Capital expenditure and income

1. Table 5.9.1 shows local authority expenditure on, and income from, their capital assets.

**Table 5.9.1**

#### LOCAL AUTHORITY PERSONAL SOCIAL SERVICES CAPITAL EXPENDITURE AND INCOME 1993–94 TO 1997–98

	£ million				
	1993–94	1994–95	1995–96	1996–97 provisional <sup>1</sup>	1997–98 forecast <sup>1</sup>
Acquisition/upgrade of buildings	147.9	160.7	169.0		
Acquisition/upgrade of equipment	37.1	40.3	31.0		
<b>TOTAL SPEND</b>	<b>185.0</b>	<b>201.0</b>	<b>200.0</b>	<b>190.0</b>	<b>189.0</b>
Sale of buildings	55.2	36.0	32.0		
Sale of equipment	13.8	9.0	8.0		
<b>TOTAL SALES</b>	<b>69.0</b>	<b>45.0</b>	<b>40.0</b>	<b>44.0</b>	<b>45.0</b>
<b>NET SPEND</b>	<b>116.0</b>	<b>156.0</b>	<b>160.0</b>	<b>146.0</b>	<b>144.0</b>

*Footnote:*

1. From 1996–97, a breakdown of total expenditure and sales is no longer provided.

### Capital Challenge

2. On 15 May 1996 the previous Government launched a new three year pilot scheme to start in 1997–98, led by the Department for the Environment, Transport and the Regions, called Capital Challenge, under which local authorities were invited to bid competitively for £600 million of credit approvals to fund their top priority capital projects. Departmental contributions to the Fund were made largely in proportion to their contributions to the Government's total capital provision for local authorities. The Department's contribution was £7.2 million in 1997–98, £11.6 million in 1998–99 and £9.3 million in 1999–2000, a total of £28 million.

3. The outcome of the Capital Challenge pilot scheme for the personal social services was reviewed by the Department in April 1997. Three conclusions were identified:

- (i) The bids involved more expenditure on transport, economic development and leisure than on housing, education and personal social services. As a result, personal social services received proportionately fewer resources from the Fund than other local authority services. Approved projects with a social services element had a total value of £15.5 million. This may be because it was difficult for social services projects to compete with projects such as the Ramsgate Harbour Approach Road (£26 million) and numerous town centre developments.
- (ii) The projects which were funded supported developments in community care, with their emphasis on independent living, on information and access and there was a strong interest in services for people with disabilities.
- (iii) The review concluded that the challenge approach tended to benefit larger authorities with well developed capital investment strategies, with experience of previous capital project based bidding rounds, such as for transport and regeneration projects and with projects which were able to lever-in complementary support.

4. There has not been a further Capital Challenge scheme. Issues about capital expenditure in local government, and in social services in particular, have been the subject of consideration in the Comprehensive Spending Review, the outcome of which is not yet determined.

### Private finance initiative (PFI)

5. The Department has been allocated an indicative £30 million PFI credit approvals for projects in the personal social services for the year 1998–99. While the Department has not promulgated any rigid criteria which must be satisfied if PFI proposals are to be considered for support, it has informed local authorities that it will give priority to projects which address social exclusion. In particular, the Department will consider supporting innovative approaches to the problems associated with social exclusion, which can apply to any social services client group. Projects have to have a capital base but do not need to provide residential care.

6. In order to enable the £30 million allocation to benefit a number of social service departments, the Department is keen to encourage projects with an average requirement of £5 million, although more expensive projects may be considered.

7. In the first year of local authority PFI credit approvals allocations (1997–98) the Department supported five personal social services applications.

8. Four of these were residential projects for the elderly, where local authorities which had urgent capital investment needs in their residential sector sought to develop partnerships with other organisations with the help of a PFI arrangement. Following the competitive tendering process, partner organisations were selected, some from the voluntary sector and some from the private sector. Quality issues and financial issues were both key features in the assessment of the bids. One of the PFI projects also sought specifically to address the needs of Asian elderly people. The fifth PFI project was a joint project with the Priority Health NHS Trust for the development of social services offices and a clinic for mental health services.

9. Two of the local authorities involved have signed off their PFI projects—one of these has transferred its staff and its clients to its partner organisation, while the other has begun the demolition of its residential home. The other three authorities expect to complete and sign off their PFI projects in the next three months.

10. For the year 1998–99, the Department is hoping to support a wider range of projects, including the development of children's resources centres which include a residential and an outreach component.

### 5.10 Changes to PSS Statistical Information

*Can the Department provide details of any forthcoming changes to statistical information the Department collects on personal social services?*

#### Review of PSS Statistics

1. In 1997, the Department of Health (DH) carried out a full review of its collections of PSS statistical information following the 1996 wider DOE (now DETR) efficiency scrutiny review of information flows between central and local government. The results of the Department's review were circulated to Directors of Social Services in England in December 1997. Copies of the reference guide to the changes are in the House of Commons library. The majority of changes were timed to take effect in 1998–99.

2. New statistical developments and proposed changes to existing returns, arising directly or indirectly from the review and on which work continues, are summarised below.

#### Proposed changes to existing PSS collections

##### *Children Looked After*

3. Work is in hand to simplify the codes which are used in the return for the details of each child looked after by a local authority, in order to make the codes easier to use and the data easier to analyse. The intention is to introduce the simplified coding from April 1999.

##### *PSS Current Expenditure*

4. The return on which details of PSS spending are recorded is just one of the current expenditure forms collected by DETR. Following the efficiency scrutiny referred to above, DETR have proposed changes to these forms for 1998–99. Discussions are still under way with the DETR working group with oversight for the financial returns to determine the precise level of detail to be included on the PSS return. The aim is appreciably to reduce the detail collected and improve its reliability, while retaining the key information for policy monitoring, calculation of unit costs and other uses.

#### Proposed new collections

##### *Key statistics for social services*

5. This is an initiative to determine the most important pieces of currently available information, and to collect and disseminate them on a fast track basis. The aim is to produce a set of data useful for illuminating the main policy and management issues on social services at central and local level. The emphasis is on



providing a manageable set, including finance and activity data, initially concentrating on bringing together and rationalising existing data sources (such as DH statistics, and Audit Commission Performance Indicators). Collection and dissemination of the first set of key statistics will be completed by autumn 1998.

#### *Referrals, assessments and packages of care*

6. This is the main statistical development project in the adults and elderly area which will provide a framework for defining and collecting person-based information locally on the main aspects of the community care assessment process. The project is currently being piloted, with collections being introduced on a staged basis, commencing with the 1999–2000 year.

#### *Children in need*

7. The main DH statistics on services for children, largely on children looked after by local authorities and children on child protection registers, only cover about 20 per cent of children and families served by social services departments. In addition, the expenditure information collected leads to difficulties and unreliability when calculating unit costs. The review of PSS statistics therefore endorsed the continuation as a priority of the development of a framework for the categorising and reporting of services for children in need, and associated activity and finance statistics, leading to a routine annual collection during 1999–2000. In this instance, children in need refers to all children in contact with social services and for whom an activity is undertaken or a service provided.

#### *Children looked after*

8. Indicators for looked after children covering a range of outcomes, including educational performance, are considered to be increasingly important and work is in hand to pilot a range of possible indicators during 1998, leading to a new collection from April 1999.

#### *Ethnic monitoring data*

9. It is proposed to begin collection of information on ethnic group and gender of all local authority social services staff as part of the coordinated DH/Local Government Management Board surveys of local authority staff, with effect from September 1999. The categories of ethnic group to be used are likely to be those proposed by Commission for Racial Equality (local authorities will be able to use more detailed ones than this if they wish), unless there are significant changes in the categories for the 2001 census, which will become clearer later this year.

10. The Department is also taking forward work to develop the collection of ethnic origin information on children looked after by local authorities. This will build on “Looking After Children: Assessing Outcomes in Child Care”, which includes the recording of ethnic origin as part of the essential information which should be included in the case information for each child looked after.

### **5.11 Research on outcomes and effectiveness of social care**

*Can the Department provide details of any research work currently being sponsored by the Department on the outcomes and effectiveness of social care?*

#### **New Research Initiative on Outcomes of Social Care for Adults (OSCA)**

1. In the context of enduring policy interest in value for money, efficiency and effectiveness in social care, the Department of Health has commissioned, on the basis of open competitive tender, a research and development initiative on outcomes of social care for adults. The initiative is budgeted at £2.5 million, and consists of a linked series of 13 studies. The purpose of the initiative is to deliver research evidence which can inform the planning, commissioning and delivery of services which are valued and cost-effective, and which promote better outcomes for users and carers.

2. Client group areas covered include older people, learning disability, mental health, alcohol and carers. The studies are of three types:

- (i) systematic reviews of research evidence on social care outcomes;
- (ii) development and testing of new ways to assess and measure social care outcomes; and
- (iii) evaluative studies of the (cost-) effectiveness of social care interventions.

3. Key projects include:

- (i) an evaluation of early primary care interventions for older people with dementia and their carers;
- (ii) a ten-year follow-up study of community care outcomes for people with mental health problems and people with learning disabilities discharged from long-stay institutions during the 1980s;



- (iii) a study to predict outcomes for carers, based on secondary analysis of large-scale datasets;
- (iv) a cost-benefit evaluation of an open-access detoxification service;
- (v) evaluation of a standardised assessment instrument for measuring outcomes of social care for older people living at home;
- (vi) development of client- and carer-focused measures of outcomes of social care for people with severe mental illness; and
- (vii) development of a research reviews and information capacity to support evidence-based social care policy and practice.

4. Arrangements have been set in place to co-ordinate the research initiative, involving policy/research workshops, a newsletter for wide distribution to social services and health authorities, and voluntary sector agencies, and effective dissemination of research findings to those responsible for planning, commissioning and providing services.

5. The research and development initiative on outcomes of social care for adults started in 1997 and is due for completion in 1999–2000.

#### **Social Care Research and Development Programme: further research in progress on outcomes and effectiveness of social care**

6. In addition, the Department of Health supports a range of other research in progress on the effectiveness and outcomes of social care. For the social care of adults, studies include:

- (i) a major evaluation of community care for very dependent older people and their carers assessed by social services in 10 local authority areas;
- (ii) evaluative research on community care for older people with dementia and their carers;
- (iii) research to map and evaluate care management arrangements for older people and people with mental health problems;
- (iv) evaluative research on the quality, costs and outcomes of different types of residential provision for people with severe learning disabilities; and
- (v) a programme of developmental research in collaboration with social services departments to develop and test new approaches to assessing and measuring community care outcomes for older people, people with physical impairments, and their carers.

7. For the social care of children, studies include:

- (i) a research initiative to investigate ways in which parents can be better supported to help look after their children effectively;
- (ii) a group of studies to monitor and evaluate the early stages of implementation of the Children Act; and
- (iii) a major research and development exercise on “Looking after Children”, designed for use by practitioners to plan and assess children’s progress while in public care.

In addition, a literature review has been completed looking at research which links costs and outcomes of social care for children.

#### **Research on Costs and Outcomes of Social Care for Children**

8. A research literature review of the limited existing body of research has already been completed and is being prepared for publication. To complement policy on quality, effectiveness, value for money and evidence based practice, a research initiative on costs and outcomes of social care for children is in the late stages of planning by officials. If approved by Ministers, this work may explore, for example, the reasons behind what appear to be rising costs in child care and consider how expenditure in this field can be appropriately related to aims and justified.

## 5.12 Fees and Charges (formerly A6)

*Can the Department update table A6.1 of HC297 providing separate figures on residential care for each client group? Would the Department quantify the degree of variation in domiciliary charges between authorities. Would the Department provide a commentary?*

*Will the Department provide an analysis, to include chart, tables and commentary, of (i) the recent national trend in the percentage of gross expenditure on residential accommodation for older people recouped through fees and charges and (ii) the recent national trend in the percentage of gross expenditure on home care/home help for all client groups recouped through fees and charges.*

*Will the Department provide an analysis, to include chart, tables and commentary of (i) the local authority variations in the latest year in the percentage of gross expenditure on residential accommodation for older people recouped through fees and charges and (ii) the local authority variations in the latest year in the percentage of gross expenditure on home care/home help for all client groups recouped through fees and charges.*

1. Table 5.12.1 updates table A6.1, provided last year and, as requested, now provides separate figures on residential care for each client group. Figures 5.12.1 and 5.12.2 illustrate the recent national trends in the percentage of gross expenditure on residential accommodation for older people recouped through fees and charges and the percentage of gross expenditure on home care/home help for all client groups recouped through fees and charges. It is not possible to include 1993–94 and earlier years in this analysis as the data for these earlier years were collected on a different basis.

2. The table shows that the percentage of gross expenditure recouped in fees and charges for residential care for the elderly rose from 30 per cent in 1994–95 to 33 per cent in 1996–97; in absolute terms the amount recouped rose from £529 million in 1994–95 to £818 million in 1996–97. The amount recouped for home care and home help service also rose from £63 million in 1994–5 (representing 7 per cent of gross expenditure) to £103 million (9 per cent of gross expenditure) in 1996–97.

### Variations in charges for domiciliary services

3. Figures 5.12.3 and 5.12.4 illustrate the percentage on gross expenditure recovered in charges by each local authority for home help/home care and meals on wheels services, the two main items of service provided in a domiciliary setting. Table 5.12.2 sets out in tabular form the percentage of gross expenditure on home care/home help recouped through fees and charges.

4. At the local authority level, there is a wide variation in the amounts raised in fees and charges made from domiciliary provision. Local authorities are free to decide upon the level of charges to raise on domiciliary services in the light of what it is reasonable to expect the client to pay. A wide range of charging policies are in operation ranging from flat rate charges to income-related charges.

5. There are a number of instances where local authorities have reported that they raised no fees and charges income for services provided. At the other extreme, two authorities reported recouping over 100 per cent of their expenditure for certain services. Such wide variability of individual authority figures points to issues of data quality and there is a risk that misreporting of data by local authorities has had an effect. The current Key Statistics exercise initiated by the Department will help to reinforce the message to local authorities that it is important they report their PSS financial data accurately on the central returns.

6. For England as a whole, 9 per cent of the direct cost of the home care/home help service was recouped in fees and charges to clients. Within authorities, the actual figures reported varied from zero in the case of 13 authorities to 32 per cent in one authority. 50 per cent of the authorities had recoupment rates between 5 per cent and 12 per cent.

7. For meals on wheels services the overall England recoupment rate is 44 per cent: local authority figures range from zero in five authorities to over 100 per cent in two authorities. 50 per cent of the authorities had recoupment rates between 31 per cent and 61 per cent.

### Variations in charges for residential services

8. Figure 5.12.5 illustrates the percentage of gross expenditure on residential accommodation for older people recouped through fees and charges. Table 5.12.3 tabulates these figures.

9. The charges levied to individual residents in care homes are determined nationally. The overall recoupment rate for residential provision for the elderly in England was 33 per cent. Local authority figures varied between zero in four authorities and 55 per cent in one authority. This may again just reflect misreporting by local authorities. 50 per cent of the authorities had recoupment rates between 15 per cent and 40 per cent.



**Table 5.12.1**  
**FEEs AND CHARGES AS A PERCENTAGE OF GROSS EXPENDITURE BY TYPE OF SERVICE**

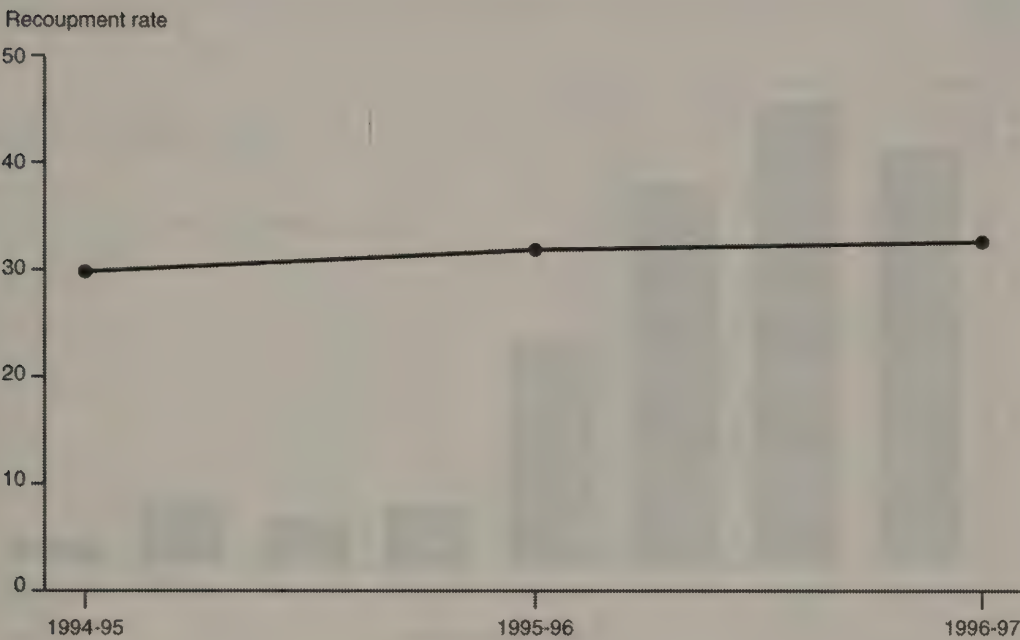
England	1994-95			1995-96			1996-97		
	Gross current expenditure <sup>1</sup>	Fees and charges	Fees and charges as a percentage of Gross current expenditure	Gross current expenditure <sup>1</sup>	Fees and charges	Fees and charges as a percentage of Gross current expenditure	Gross current expenditure <sup>1</sup>	Fees and charges	Fees and charges as a percentage of Gross current expenditure
<b>Residential care for:</b>									
Residential care for Children	541	18	3	559	14	3	586	21	4
Residential care for Elderly	1,736	529	30	2,102	672	32	2,494	818	33
Residential care for People with a Physical Disability	119	22	18	141	31	22	169	39	23
Residential care for People with Learning Disabilities	439	92	21	509	107	21	604	136	23
Residential care for People with Mental Health needs	104	25	24	134	36	27	170	49	29
Other residential provision	16	3	17	18	3	17	20	4	19
<b>Non residential care:</b>									
<i>of which</i>									
Home care/home helps	923	63	7	1,028	83	8	1,130	103	9
Day centres and lunch clubs	567	21	4	597	20	3	622	25	4
Meals on wheels <sup>2</sup>	74	32	43	76	33	44	83	37	44

*Footnote:*

1. Excluding administrative and training overheads.
2. Includes £13m of fees and charges reported as "sales" for 1994-95 and £15m for 1995-96 and 1996-97.
3. Source: RO3 return.



**Figure 5.12.1**  
**Recent trends in fees and charges recoupment rates on residential accommodation**  
**Elderly people**



**Figure 5.12.2**  
**Recent trends in fees and charges recoupment rates on home care/home help**  
**All client groups**

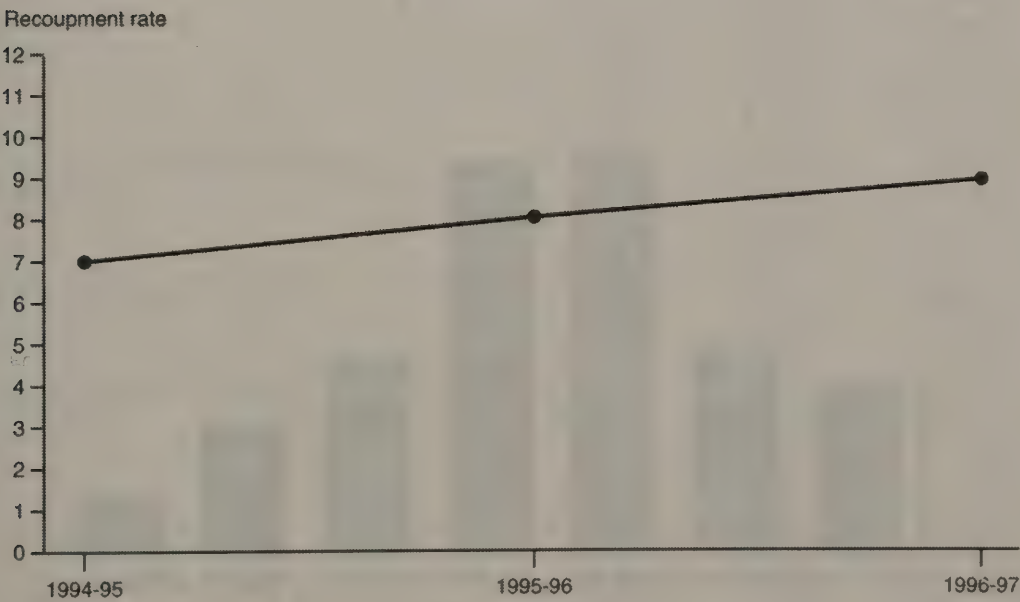


Figure 5.12.3

Fees and charges recoupment rates for all client groups - Home care  
1996-97

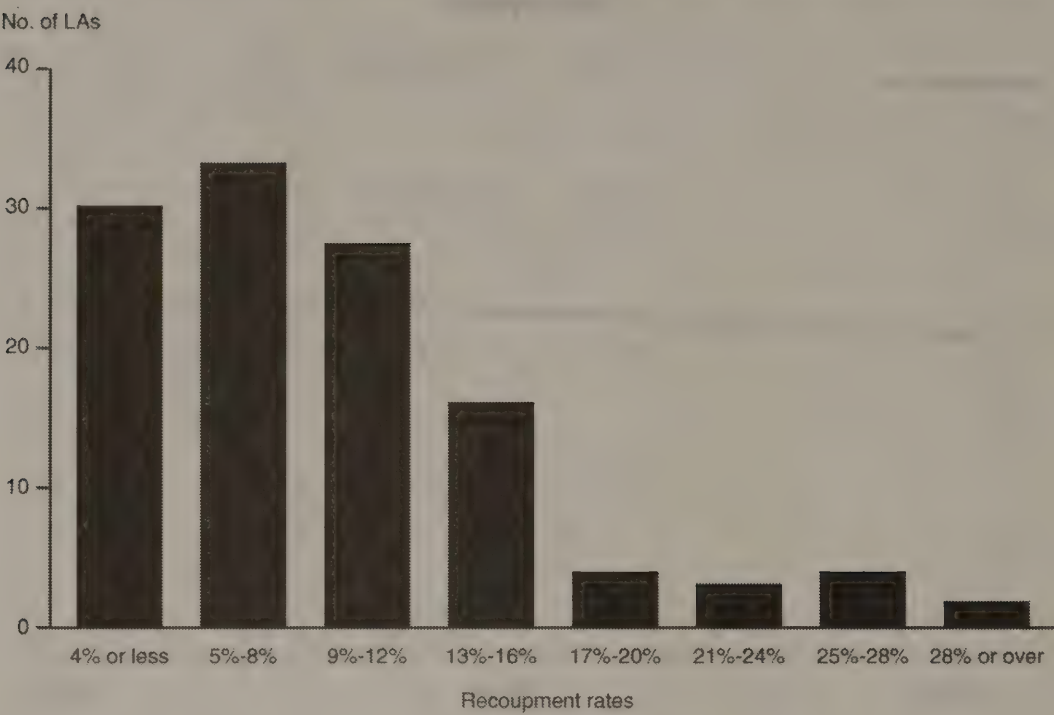


Figure 5.12.4

Fees and charges recoupment rates for all client groups - Meals  
1996-97

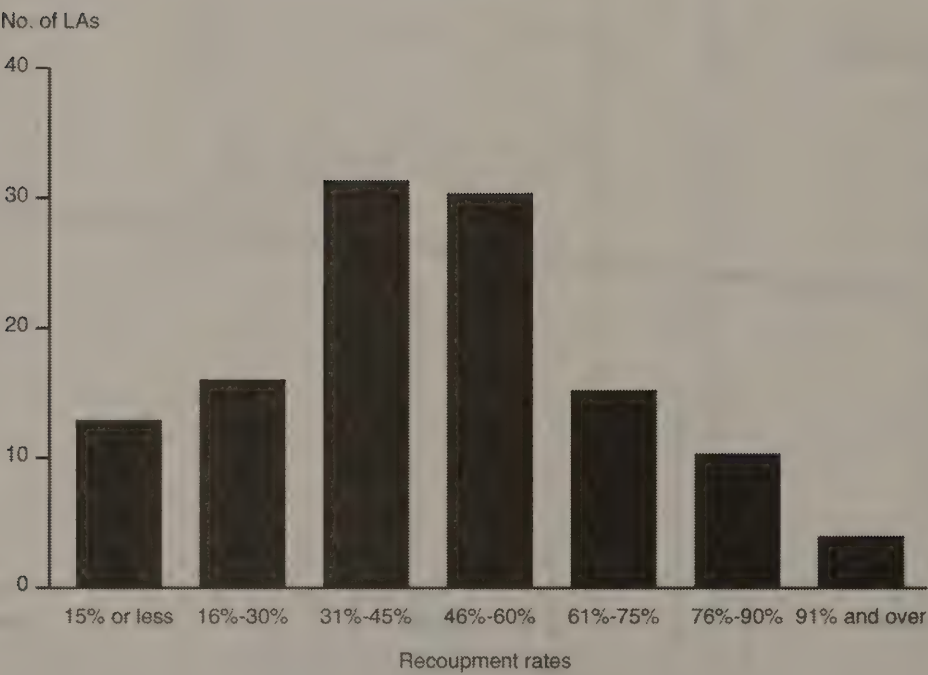


Table 5.12.2

PROPORTION OF NON RESIDENTIAL COSTS RECOUPED IN FEES & CHARGES:  
HOME CARE/HOME HELPS

England	£ thousands		
	<i>Fees and Charges</i>	<i>Gross current expenditure</i>	<i>Fees and Charges as a percentage of Gross current expenditure</i>
BARKING & DAGENHAM	0	5,331	0
BARNET	732	11,003	7
BARNSELEY	638	6,366	10
BATH & NORTH EAST SOMERSET UA	218	2,572	8
BEDFORDSHIRE	1,099	11,406	10
BERKSHIRE	1,757	15,791	11
BEXLEY	1,268	5,094	25
BIRMINGHAM	385	20,023	2
BOLTON	769	4,856	16
BRADFORD	334	10,145	3
BRENT	516	6,515	8
BRISTOL	409	8,872	5
BROMLEY	1,054	7,462	14
BUCKINGHAMSHIRE	1,810	11,940	15
BURY	415	2,727	15
CALDERDALE	467	5,522	8
CAMBRIDGESHIRE	67	5,884	1
CAMDEN	78	6,104	1
CHESHIRE	1,838	17,963	10
CITY OF LONDON	22	639	3
CORNWALL	4,088	19,617	21
COVENTRY	682	4,673	15
CROYDON	452	5,254	9
CUMBRIA	255	9,442	3
DERBYSHIRE	3	28,227	0
DEVON	3,219	17,414	18
DONCASTER	810	8,043	10
DORSET	3,592	14,237	25
DUDLEY	895	6,808	13
DURHAM	972	13,609	7
EALING	170	7,342	2
EAST RIDING OF YORKSHIRE UA	788	6,828	12
EAST SUSSEX	2,213	20,367	11
ENFIELD	484	7,902	6
ESSEX	1,430	35,041	4
GATESHEAD	197	5,651	3
GLOUCESTERSHIRE	869	10,526	8
GREENWICH	159	10,046	2
HACKNEY	180	10,523	2
HAMMERSMITH & FULHAM	0	6,692	0
HAMPSHIRE	3,535	32,209	11
HARINGEY	507	7,128	7
HARROW	445	5,908	8
HARTLEPOOL UA	196	2,007	10
HAVERING	724	7,635	9
HEREFORD & WORCESTER	2,952	12,229	24
HERTFORDSHIRE	4	24,800	0
HILLINGDON	624	5,274	12
HOUNSLOW	351	4,158	8
ISLE OF WIGHT UA	561	2,178	26
ISLES OF SCILLY	2	5	40
ISLINGTON	526	9,445	6
KENSINGTON & CHELSEA	169	5,625	3
KENT	5,816	38,829	15
KINGSTON UPON HULL UA	350	6,179	6
KINGSTON UPON THAMES	447	3,293	14



	<i>Fees and Charges</i>	<i>Gross current expenditure</i>	<i>Fees and Charges as a percentage of Gross current expenditure</i>
KIRKLEES	2,523	7,764	32
KNOWSLEY	0	3,244	0
LAMBETH	202	6,199	3
LANCASHIRE	2,141	30,363	7
LEEDS	941	17,509	5
LEICESTERSHIRE	1,467	17,249	9
LIVERPOOL	961	15,426	6
MANCHESTER	7	8,043	0
MERTON	316	4,034	8
MIDDLESBROUGH UA	232	3,068	8
NEWCASTLE UPON TYNE	675	10,748	6
NEWHAM	5	9,471	0
NORFOLK	2,791	20,422	14
NORTH EAST LINCOLNSHIRE UA	434	3,369	13
NORTH LINCOLNSHIRE UA	265	3,071	9
NORTH SOMERSET UA	178	3,087	6
NORTH TYNESIDE	562	5,023	11
NORTH YORKSHIRE	1,621	8,738	19
NORTHAMPTONSHIRE	401	8,327	5
NORTHUMBERLAND	1,347	9,962	14
NOTTINGHAMSHIRE	2,031	17,181	12
OLDHAM	611	5,348	11
OXFORDSHIRE	0	13,961	0
REDBRIDGE	396	6,525	6
REDCAR & CLEVELAND UA	318	2,998	11
RICHMOND UPON THAMES	398	6,131	6
ROCHDALE	335	5,366	6
ROTHERHAM	856	5,929	14
SALFORD	1,315	7,796	17
SANDWELL	812	8,010	10
SEFTON	518	7,191	7
SHEFFIELD	1,180	16,800	7
SHROPSHIRE	803	8,326	10
SOLIHULL	522	4,937	11
SOMERSET	0	207	0
SOUTH GLOUCESTERSHIRE UA	163	3,019	5
SOUTH TYNESIDE	279	4,745	6
SOUTHWARK	239	12,953	2
ST HELENS	736	4,367	17
STAFFORDSHIRE	5,850	23,763	25
STOCKPORT	729	11,077	7
STOCKTON ON TEES UA	0	3,180	0
SUFFOLK	1,882	16,907	11
SUNDERLAND	590	7,439	8
SURREY	1,540	19,101	8
SUTTON	603	4,193	14
TAMESIDE	456	5,775	8
TOWER HAMLETS	0	6,508	0
TRAFFORD	750	5,045	15
WAKEFIELD	818	7,228	11
WALSALL	597	5,372	11
WALTHAM FOREST	252	5,735	4
WANDSWORTH	827	8,907	9
WARWICKSHIRE	1,541	9,832	16
WEST SUSSEX	1,582	15,256	10
WESTMINSTER	262	9,694	3
WIGAN	1,290	6,105	21
WILTSHIRE	0	386	0
WIRRAL	591	8,178	7
WOLVERHAMPTON	0	8,884	0
YORK UA	574	3,524	15
ENGLAND TOTAL	103,233	1,130,194	9

Figure 5.12.5

**Fees and charges recoupment rates, elderly - residential accommodation  
1996-97**

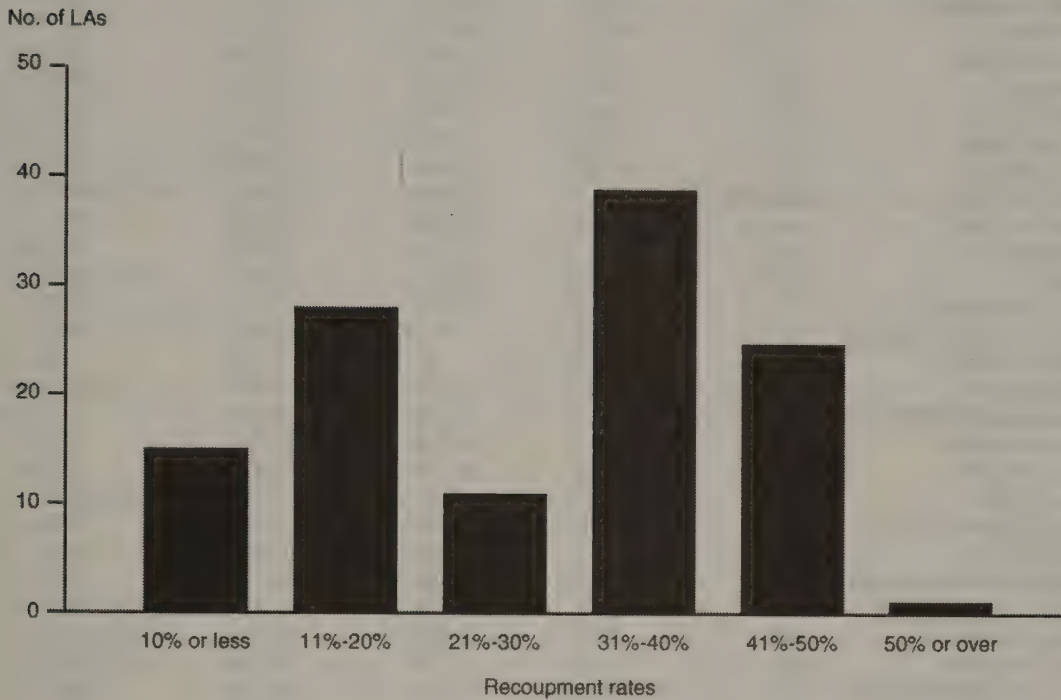


Table 5.12.3

**PROPORTION OF RESIDENTIAL COSTS RECOUPED IN FEES & CHARGES FOR THE  
ELDERLY, 1996-97**

England	£ thousands		
	<i>Fees and charges</i>	<i>Gross current expenditure</i>	<i>Fees and charges as a percentage of Gross current expenditure</i>
BARKING & DAGENHAM	1,444	8,715	17
BARNET	5,042	14,704	34
BARNSELY	1,329	10,427	13
BATH & NORTH EAST SOMERSET UA	1,443	7,747	19
BEDFORDSHIRE	7,971	23,121	34
BERKSHIRE	10,211	28,181	36
BEXLEY	4,403	10,803	41
BIRMINGHAM	20,994	59,851	35
BOLTON	4,666	15,124	31
BRADFORD	3,522	26,538	13
BRENT	3,522	10,836	33
BRISTOL UA	9,895	27,841	36
BROMLEY	1,497	10,025	15
BUCKINGHAMSHIRE	9,770	25,243	39
BURY	6,027	15,058	40
CALDERDALE	6,256	14,803	42
CAMBRIDGESHIRE	0	17,289	0
CAMDEN	3,071	14,491	21
CHESHIRE	22,716	55,487	41
CITY OF LONDON	159	515	31
CORNWALL	8,409	20,480	41
COVENTRY	3,065	8,390	37
CROYDON	7,871	20,114	39
CUMBRIA	11,991	28,519	42

	<i>Fees and charges</i>	<i>Gross current expenditure</i>	<i>Fees and charges as a percentage of Gross current expenditure</i>
DERBYSHIRE	25,012	55,423	45
DEVON	34,541	70,735	49
DONCASTER	6,881	21,288	32
DORSET	17,535	32,015	55
DUDLEY	925	11,119	8
DURHAM	3,928	27,725	14
EALING	2,340	11,753	20
EAST RIDING OF YORKSHIRE UA	2,049	12,911	16
EAST SUSSEX	20,040	49,260	41
ENFIELD	5,328	13,384	40
ESSEX	26,151	72,657	36
GATESHEAD	4,363	11,912	37
GLOUCESTERSHIRE	384	16,209	2
GREENWICH	97	7,981	1
HACKNEY	3,355	12,859	26
HAMMERSMITH & FULHAM	1,155	8,326	14
HAMPSHIRE	26,754	66,920	40
HARINGEY	4,129	12,279	34
HARROW	552	7,085	8
HARTLEPOOL UA	1,024	5,349	19
HAVERING	3,063	10,348	30
HEREFORD & WORCESTER	12,868	34,046	38
HERTFORDSHIRE	10,530	35,520	30
HILLINGDON	2,001	10,911	18
HOUNSLOW	1,725	8,704	20
ISLE OF WIGHT UA	4,305	9,130	47
ISLES OF SCILLY	61	182	34
ISLINGTON	3,444	13,874	25
KENSINGTON & CHELSEA	2,181	7,025	31
KENT	34,506	78,487	44
KINGSTON UPON HULL UA	1,497	14,271	10
KINGSTON UPON THAMES	2,460	7,389	33
KIRKLEES	5,388	23,477	23
KNOWSLEY	79	4,314	2
LAMBETH	4,708	19,732	24
LANCASHIRE	41,422	92,561	45
LEEDS	3,601	29,591	12
LEICESTERSHIRE	14,295	36,763	39
LEWISHAM	4,905	16,887	29
LINCOLNSHIRE	2,576	21,035	12
LIVERPOOL	3,560	34,972	10
MANCHESTER	11,653	32,485	36
MERTON	653	6,028	11
MIDDLESBROUGH UA	807	6,442	13
NEWCASTLE UPON TYNE	825	12,720	6
NEWHAM	1,676	12,810	13
NORFOLK	19,887	49,433	40
NORTH EAST LINCOLNSHIRE UA	1,446	7,606	19
NORTH LINCOLNSHIRE UA	3,941	10,099	39
NORTH SOMERSET UA	4,976	10,882	46
NORTH TYNESIDE	20	6,157	0
NORTH YORKSHIRE	14,410	33,848	43
NORTHAMPTONSHIRE	12,506	30,107	42
NORTHUMBERLAND	7,778	17,681	44
NOTTINGHAMSHIRE	27,719	68,503	40
OLDHAM	6,077	14,163	43
OXFORDSHIRE	5,008	20,402	25
REDBRIDGE	1,750	9,128	19
REDCAR & CLEVELAND UA	1,402	7,169	20
RICHMOND UPON THAMES	3,353	8,953	37
ROCHDALE	11	10,082	0
ROTHERHAM	1,855	12,558	15
SALFORD	6,827	18,334	37



	<i>Fees and charges</i>	<i>Gross current expenditure</i>	<i>Fees and charges as a percentage of Gross current expenditure</i>
SANDWELL	6,621	19,047	35
SEFTON	7,850	20,335	39
SHEFFIELD	3,770	30,968	12
SHROPSHIRE	8,091	22,675	36
SOLIHULL	1,285	4,925	26
SOMERSET	1,431	3,023	47
SOUTH GLOUCESTERSHIRE UA	1,226	6,590	19
SOUTH TYNESIDE	1,589	10,094	16
SOUTHWARK	4,631	17,146	27
ST HELENS	930	8,587	11
STAFFORDSHIRE	18,766	48,226	39
STOCKPORT	9,675	21,129	46
STOCKTON ON TEES UA	4,041	10,867	37
SUFFOLK	14,766	34,392	43
SUNDERLAND	734	13,938	5
SURREY	13,867	41,918	33
SUTTON	2,696	8,099	33
TAMESIDE	4,452	11,875	37
TOWER HAMLETS	0	11,653	0
TRAFFORD	5,196	12,203	43
WAKEFIELD	924	13,255	7
WALSALL	1,317	11,763	11
WALTHAM FOREST	1,163	9,363	12
WANDSWORTH	6,921	17,299	40
WARWICKSHIRE	9,177	21,300	43
WEST SUSSEX	21,510	48,382	44
WESTMINSTER	574	10,435	6
WIGAN	6,529	15,119	43
WILTSHIRE	4,148	27,450	15
WIRRAL	7,976	20,550	39
WOLVERHAMPTON	6,410	15,527	41
YORK UA	4,232	10,118	42
<b>ENGLAND TOTAL</b>	<b>818,070</b>	<b>2,494,192</b>	<b>33</b>

### 5.13 Volume, Purpose and Monitoring of Grants (formerly B6)

*Can the Department provide the Committee with details of the volume of specific or special grants made available by the Department of Health to social services departments for the years 1994–95 to 1998–99? Can the Department provide a full explanation of any changes, introduced this year, to the volume, the purpose or the monitoring arrangements for any of the grants?*

1. Table 5.13.1 shows the volume and purposes of local authority PSS grants for the years requested.

**Table 5.13.1**

#### GRANTS AVAILABLE FOR PERSONAL SOCIAL SERVICES 1994–95 TO 1998–99

	£ million				
	1994–95	1995–96	1996–97	1997–98	1998–99
<i>Specific Grants</i>					
AIDS/HIV services	12.9	13.4	13.7	13.7	13.7
Alcohol & Drugs Misusers services	2.4	2.5	2.5	2.5	2.5
Guardians Ad Litem & Reporting Officer services	5.9	6.2	6.3	6.3	
Mental Illness services	36.0	47.3	58.3	67.3	73.3
Training Support Programme	33.4	34.6	35.5	35.5	35.5
Secure Accommodation (Capital)	9.0	20.8	27.2	13.2	8.2

	1994-95	1995-96	1996-97	1997-98	1998-99
<i>Special Grants</i>					
Community Care Special Transitional Grant	735.9	647.6	418.0	325.0	350.0
Capital Disregard Increase			64.5		
Unaccompanied Asylum-Seeking Children			3.0	3.0	3.0
Persons From Abroad Children's Grant			10.0	39.5	n/k <sup>1</sup>
Asylum Seekers' Accommodation Grant			15.0	47.1	90.0
<b>TOTAL</b>	<b>835.5</b>	<b>772.4</b>	<b>653.9</b>	<b>553.1</b>	<b>576.2</b>

*Footnote:*

1. A decision is yet to be made on this grant.

### **General**

2. Those grants where there has been no change to the volume, purpose or monitoring arrangements described in the answer B.6 given in 1997 (HC 297), have not been reported on in this answer.

### **Guardians Ad Litem and Reporting Officer's Grant**

3. In November 1996, local authority circular LASSL(96)19, signalled the Government's intention, subject to consultation, to end the grant after 1997-98. Following consultation with representatives from local government in the period February to April 1997, LASSL(97)23 announced in November 1997 that the grant would cease as of 31 March 1998 and that an equivalent sum of £6.3 million would be transferred back into personal social services standard spending assessments. Final payments of the grant were made in March 1998. Audit requirements for grant expenditure will be sent to each local authority in June 1998 requiring that a certified audit certificate be sent to the Department in December 1998.

### **Mental Illness Specific Grant**

4. Volume: In 1998-99 the grant increased from £67.3 million to £73.3 million.

5. Purpose: The grant continues to be used for a number of initiatives. The additional £6 million created two new funds. The £2 million CAMHS (Children and Adolescent Mental Health Services) Fund allows the grant to be extended to cover the provision of services for children and adolescents for the first time. It will be invested in a small number of pilot projects to reward and disseminate good practice where considerable progress has already been made. The £4 million Partnership Fund will also be used to reward innovative ideas and practice. It is intended to promote close working across organizational boundaries. The projects it supports will be varied but are likely to include some aimed at preventing vulnerable people from becoming severely mentally ill or experiencing an avoidable recurrence. Both funds will be allocated on the basis that the local authority will contribute 30 per cent of the overall cost from other sources. The Homeless Mentally Ill Initiative launched in 1990-91 (funded with £4.2 million from the grant in 1998-99) assists the re-integration into the community of people with mental health problems sleeping rough and was originally targeted on central London. This year it has been extended to develop appropriate services in other centres with a rough sleeping problem.

6. Monitoring: The grant monitoring report for 1994-95 and 1995-96 was published in October 1997. Monitoring arrangements are now being developed to cover the full range of personal social services mental health activity, of which the grant remains an important part. In 1997-98 all local authorities completed a questionnaire on joint working as part of the Autumn Review of mental health services. Progress reports will be required from local authorities for projects funded through the new CAMHS and Partnership Funds.

### **Secure Accommodation (capital) Grant**

7. Volume: The grant is £8.2 million in 1998-99. A total of £70.2 million has been made available over the previous four years.

8. Purpose: Funded through the grant since 1994-95, the national development programme for an additional 170 local authority secure places will be completed this year. As more of the projects reach final account stage, the amount of grant aid required to fund them decreases. Some of this year's grant provision will be spent on the upgrade and refurbishment of existing secure units.

9. The monitoring arrangements remain the same as last year.



### Community Care Special Transitional Grant

10. Volume: The 1997–98 grant of £325 million was transferred into standard spending assessments from 1998–99. A further grant of £350 million has been provided for 1998–99.

11. Purpose: For 1998–99 the grant has the express purpose of encouraging the joint planning of the provision of community care and NHS services by local authorities and health bodies respectively, the Government having identified this as a priority. This is achieved by the conditions attached to the grant. The primary condition continues to be that the entire grant must be spent on community care services or directly associated costs. The secondary condition has changed and says that some funds should be invested in services with the objective of improving joint procedures for needs assessment, hospital discharge arrangements and preventing persons being admitted unnecessarily to hospital or to residential or nursing home care following discharge from hospital.

12. Monitoring: Local authorities' achievement of the secondary condition will be monitored in two ways:

- (i) during the year, by Social Care Regional Offices, in liaison with NHS Regional Offices, as part of their work to follow up the *Better Services for Vulnerable People* initiative (guidance in circular EL(97)62/CI(97)24) which addresses three important development themes, namely, joint investment plans, multi-disciplinary assessments and rehabilitation services for older people;
- (ii) by 31 May 1999 local authorities must provide the Secretary of State, via their Social Care regions, with a report explaining the measures they have taken to comply with the secondary condition.

### Persons from Abroad Children's Grant

13. Volume: £10 million was allocated to local authorities in 1996–97 to compensate them for 80 per cent of their expenditure above a threshold (£1 for the total band D equivalent tax base). This covered a period when the legal position changed a number of times and social services departments acted as a safety net when the entitlements were not available. The grant rules for 1997–98 remained unchanged but demand increased steadily during the year. £39.5 million was allocated in 1997–98. A decision on a grant for 1998–99 has yet to be made.

### Asylum Seekers' Accommodation Grant

14. Volume: The £15 million allocated for the grant in 1996–97 was based on a unit cost of £165 per asylum seeker per week and was to cover a period of less than a year. The numbers of asylum seekers looking to local authority social services departments for support under section 21 of the National Assistance Act 1948 rose steadily throughout 1997–98. £47.1 million was allocated for 1997–98 to cover larger numbers of asylum seekers and for a full year but at a lower unit cost of £140 per asylum seeker per week. The unit cost was reduced in the expectation that local authorities would move towards more cost effective forms of provision. Difficulties in securing sufficient accommodation, particularly in London, prevented local authorities from reducing their spending levels and the Department has therefore agreed to restore the unit cost for 1998–99 to £165. In recognition also, of the continued increase in asylum seekers being supported by local authorities, £90 million is being made available for the grant for 1998–99.

15. The purpose of the grant and the monitoring arrangements remain the same.



## Public Expenditure Questionnaire 1998: Clarification (Ex 98/5)

### FURTHER QUERIES

#### *PEQ Section 1.1—Expenditure on Special Projects*

The previous intention on planned spend for 1998–99 was set out in Table A1.1 which was submitted to the Committee on 27 November 1997. The Figure for NHS Total Net Spending was at that time £36,124 million. In comparison the figure in Table 2.1.1 is £36,508, the difference of £384 million being the additional resources allocated for waiting lists (£320 million) and additional changes due to classification changes that have occurred in recent months.

#### *2.1—NHS and PSS Expenditure Issues*

**Appropriation Accounts**—The planned figures which are shown in Table 2.1.1 are either the original or supplementary estimate figures which are subject to in-year adjustments. The reason they are brought into line with the Appropriation Accounts is that these are the actual outturn figures.

**End year flexibility entitlement**—Health Authorities are able to carry forward underspend from the previous year under HM Treasury end of year flexibility arrangements. These are added to the vote provision in the following year. The carry forward commitment for the cash limited elements of the Appropriation Account provision and the outturn each year.

#### *2.2—Programme Budgets*

All figures up to and including 1995–96 have been inflated by the relevant HCHS specific deflators. Hence, figures for 1996–97 are shown in cash terms. Previous trends show HCHS inflation is generally higher than general inflation.

Footnote 7 refers to the final column of the table “average annual change in expenditure” and uses the GDP (general inflation) deflators over the given period. The underlying figure for this column cannot be found in the table but summary figures are shown in the HCHS deflated table in order to give a comparator. The GDP deflators used are those published by HMT 13/3/98.

Table 2.2.3 for 1995–96 is attached at Annex A. (This was originally submitted as Table A3.1 in response to the Health Committee Public Expenditure Inquiry 1997).

#### *4.1—Expenditure by Age Group*

Annex B contains three tables 4.1.1a, 4.1.1b and 4.1.1c showing expenditure for 1995–96, 1991–92 expenditure in cash terms and 1991–92 expenditure at 1995–96 prices.

#### *4.2—Capital Resources*

This is the first year that this table has been submitted it is therefore not possible to provide a commentary for change until next year.

#### *4.3—FHS Resources*

Clarification required:

- (a) The figures are actual and are taken from the Appropriation Accounts.
- (b) The difference is the GMS cash limited expenditure. The £5 million difference is to be found in the way prescription and dental refunds are dealt with. In Vote terms (ie as per Table 2.1.1) they are included in the gross total but 4.3 figures are deducted from receipts to give a net charge income figure.
- (c) As in (a), these figures are from the Appropriation Accounts.
- (d) A table of changes 4.3.3 is attached to Annex C.
- (e) A table is attached at Annex D which sets out GPFH Surpluses and Expenditure on Savings 1995–96.

#### 4.8—*Capital*

We are in the process of assembling and collating the PFI business cases requested and these will be forwarded separately during next week. As agreed all confidential material will be clearly marked.

#### 5.1—*Provision through PSS SSAs for the year ahead*

Tables 5.1.3 Supplementary 1 and 2 are attached at Annex E.

#### 5.3—*Variations between Local Authorities in Unit Costs*

Supplementary Tables 5.3a and 5.3b are attached at Annex F.

#### 5.8—*PSS Programme Budgets*

The date shown in Tables 5.8.1 and 5.8.2 is illustrated as requested in Chart 5.8.1 attached at Annex G.

#### *Tables 2.5.1 and 2.5.2*

Tables 2.5.1 and 2.5.2 submitted earlier have been revised and are attached at Annex H.

#### *Table 4.13.1*

Table 4.13.1 submitted earlier has been revised and is attached at Annex I.

TABLE A3.1 (now Table 2.2.3)  
PROGRAMME BUDGET HOSPITAL AND COMMUNITY HEALTH CARE SERVICES  
GROSS CURRENT EXPENDITURE £ MILLION, 1995-96 PRICES (a)

	1985-86	1986-87	1987-88	1988-89	1988-89	1989-90	1990-91	1991-92	1992-93	1993-94	1994-95	1995-96	Average annual change in expenditure 1991-92 to 1995-96	
			(b)	(b)(c)	(b)(c)	(b)	(b)	(d)	(d)	(d)	(d)	(d)	(a)	(e)
ACUTE IP	6,498	6,464	6,449	6,558	6,558	6,679	6,651	7,946	8,092	8,088	8,367	8,604	2.0%	3.4%
ACUTE OP	1,924	1,917	1,904	1,874	1,874	1,958	2,052	2,648	2,764	2,856	2,957	3,016	3.3%	4.7%
OBSTETRIC IP	808	778	819	804	804	770	747	817	796	743	742	718	-3.2%	-1.9%
OBSTETRIC OP	128	146	139	115	115	105	96	154	160	145	129	123	-5.4%	-4.1%
GERIATRIC IP	1,608	1,625	1,628	1,592	1,592	1,534	1,486	1,691	1,656	1,591	1,543	1,457	-3.7%	-2.4%
UNITS FOR YPD	37	41	—	—	—	—	—	—	—	—	—	—	—	—
GERIATRIC AND YPD OP	14	15	44	36	36	35	39	47	48	48	53	49	0.6%	1.9%
LEARNING DISABILITIES IP	919	893	875	879	879	871	844	945	927	879	837	806	-3.9%	-2.6%
LEARNING DISABILITIES OP	2	2	5	4	4	3	4	4	7	8	9	10	27.7%	29.6%
MENTAL HEALTH IP	1,806	1,798	1,903	1,893	1,893	1,866	1,801	1,991	1,938	1,813	1,710	1,672	-4.3%	-3.0%
MENTAL HEALTH OP	130	129	112	102	102	106	111	153	165	182	204	222	9.7%	11.1%
GENERAL AND ACUTE DP	119	120	86	85	85	83	91	116	117	127	143	142	5.4%	6.8%
LEARNING DISABILITIES DP	—	—	—	—	—	—	—	31	36	50	44	42	7.3%	8.6%
MENTAL HEALTH DP	140	143	148	160	160	158	168	187	210	220	227	247	7.2%	8.6%
OTHER HOSPITAL	1,131	1,142	864	903	903	969	1,079	899	944	1,097	1,201	1,250	8.6%	10.0%
TOTAL HOSPITAL	15,264	15,213	14,974	15,002	15,002	15,135	15,169	17,629	17,859	17,847	18,166	18,357	1.0%	2.3%
HEALTH VISITING	287	296	312	332	—	—	—	—	—	—	—	—	—	—
DISTRICT NURSING	564	597	667	734	—	—	—	—	—	—	—	—	—	—
COMMUNITY MIDWIFERY	146	155	173	171	—	—	—	—	—	—	—	—	—	—
PREVENTION	87	90	95	100	—	—	—	—	—	—	—	—	—	—
CHIROPODY	59	62	65	76	76	74	75	102	96	109	107	111	2.3%	3.6%
FAMILY PLANNING	61	60	64	52	52	54	50	78	62	68	66	69	-3.3%	-2.0%
SCHOOL HEALTH	299	298	323	339	—	—	—	—	—	—	—	—	—	—
IMMUNISATION AND SURVEILLANCE	—	—	—	258	258	257	236	296	292	322	328	329	2.6%	4.0%
SCREENING	—	—	—	73	73	74	77	84	78	73	61	65	-6.3%	-5.0%
PROFESSIONAL ADVICE AND SUPPORT	—	—	—	260	260	282	292	335	318	322	311	315	-1.6%	-0.3%



TABLE A3.1 (now Table 2.2.3) (continued)  
PROGRAMME BUDGET HOSPITAL AND COMMUNITY HEALTH CARE SERVICES  
GROSS CURRENT EXPENDITURE £ MILLION, 1985-96 PRICES (a)

	1985-86	1986-87	1987-88	1988-89	1988-89	1989-90	1990-91	1991-92	1992-93	1993-94	1994-95	1995-96	Average annual change in expenditure 1991-92 to 1995-96	
			(b)	(b)(c)	(b)(c)	(b)	(b)	(d)	(d)	(d)	(d)	(d)	(a)	(e)
GENERAL COMMUNITY PATIENT CARE	—	—	—	—	838	820	811	989	889	964	886	898	-2.4%	-1.1%
COMMUNITY MH	—	—	—	—	181	217	239	245	279	293	331	371	10.9%	12.4%
COMMUNITY LD	—	—	—	—	90	109	120	161	219	272	301	300	16.9%	18.5%
COMMUNITY MATERNITY	—	—	—	—	186	200	213	158	153	154	156	169	1.7%	3.0%
HEALTH PROMOTION	—	—	—	—	93	102	110	97	93	93	92	96	-0.2%	-1.1%
COMMUNITY DENTAL	—	—	—	—	87	86	85	114	110	107	100	102	-2.7%	-1.5%
SERVICES TO GP'S UNDER OPEN ACCESS	—	—	—	—	155	195	220	296	282	319	325	360	5.0%	6.4%
OTHER CHS	310	341	565	609	65	61	59	361	345	374	411	457	6.1%	7.5%
TOTAL COMMUNITY	1,813	1,899	2,263	2,413	2,413	2,531	2,587	3,315	3,215	3,469	3,475	3,641	2.4%	3.7%
AMBULANCES	489	506	488	460	460	465	448	532	540	542	554	579	2.1%	3.5%
HQ ADMINISTRATION	788	796	831	802	802	882	1,007	777	812	934	932	1,002	6.6%	8.0%
TOTAL HCHS (EXCL J/F)	18,355	18,414	18,556	18,677	18,677	19,013	19,210	22,253	22,425	22,792	23,127	23,579	1.5%	2.8%
JOINT FINANCE: PSS	121	123	122	110	110	132	135	121	127	155	157	156	6.6%	8.0%
OTHER	42	44	43	47	47	19	10	55	57	70	71	70	6.3%	7.7%
TOTAL	163	167	164	156	156	152	145	175	185	225	228	226	6.5%	7.9%
TOTAL HCHS (INCL J/F)	18,518	18,581	18,720	18,833	18,834	19,165	19,355	22,429	22,610	23,017	23,355	23,805	1.5%	2.8%

(Figures may not sum due to rounding)

(a) After allowing for HCHS pay and price inflation.

(b) Figures from 1987-88 onwards may not be entirely consistent with those for earlier years, owing to the changes in the data collection systems.

(c) Expenditure categories were revised in 1988-89, in particular relating to community services. Therefore the figures are shown on both the old and the new basis.

(d) Figures for 1991-92 onwards are not comparable with earlier years owing to revised NHS accounting practice.

(e) After allowing for general inflation.

Annex B

Table 4.1.1a

## HCHS EXPENDITURE BY SECTOR AND AGE GROUP 1995-96 Cash £m

Service Sector	All Births	0-4	5-15	16-44	45-64	65-74	75-84	85+	Age (years)	TOTAL
Acute	—	1,037	571	2,517	2,619	2,147	1,888	841		11,620
Elderly	—	18	37	187	220	489	998	709		2,658
Mental Health	—	4	36	958	524	370	437	182		2,511
Other	90	114	76	401	353	302	325	166		1,828
Other Community	56	429	460	427	156	86	111	66		1,792
Learning Disability	—	42	156	609	261	57	25	7		1,158
Maternity	1,010	—	—	—	—	—	—	—		1,010
DHA & RHA Administration	51	73	59	226	184	153	168	88		1,002
TOTAL	1,208	1,716	1,396	5,326	4,317	3,604	3,952	2,059		23,579

1. In calculating expenditure by age it has been assumed that all expenditure in Maternity is spent on the baby. No allocation, from the total, have been allocated to the costs incurred by the mother (eg hotel costs, complications etc)

2. DHA & RHA Administration, which include areas such as Health Promotion, have been allocated in proportion to the spend already known within the relevant age groups.

3. Expenditure on those under 65 occurs in the *elderly* sector; due to the allocation of General Community Patient Care (which includes District Nursing) and chiropody to this sector. Both of these initially provided services aimed at the elderly although their role has now become more widespread across different age groups.

Table 4.1.1b

## HCHS EXPENDITURE BY SECTOR AND AGE GROUP 1991-92 Cash £m

Service Sector	All Births	Age (years)							
		0-4	5-15	16-44	45-64	65-74	75-84	85 +	TOTAL
Acute	—	688	454	2,119	2,076	1,630	1,461	—	8,985
Elderly	—	21	37	177	185	442	990	646	2,498
Mental Health	—	3	28	753	451	332	422	196	2,185
Other	70	59	43	277	234	195	226	110	1,214
Other Community	39	362	353	317	138	66	90	45	1,409
Learning Disability	—	13	44	535	242	77	42	14	967
Maternity	957	—	—	—	—	—	—	—	957
DHA and RHA Administration	39	41	35	151	120	99	117	57	659
TOTAL	1,105	1,187	993	4,329	3,446	2,841	3,348	1,626	18,875

1. In calculating expenditure by age it has been assumed that all expenditure in Maternity is spent on the baby. No allocation, from the total, have been allocated to the costs incurred by the mother (eg hotel costs, complications etc).
2. DHA and RHA Administration, which include areas such as Health Promotion, have been allocated in proportion to the spend already known within the relevant age groups.
3. Expenditure on those under 65 occurs in the *elderly* sector; due to the allocation of General Community Patient Care (which includes District Nursing) and chiropody to this sector. Both of these initially provided services aimed at the elderly although their role has now become more widespread across different age groups.



Table 4.1.1c

HCHS EXPENDITURE BY SECTOR AND AGE GROUP 1991-92 at 1995-96 Prices Cash £m

Service Sector	All Births	Age (years)							TOTAL
		0-4	5-15	16-44	45-64	65-74	75-84	85+	
Acute	—	811	536	2,498	2,447	1,922	1,722	658	10,594
Elderly	—	25	43	209	218	521	1,168	762	2,945
Mental Health	—	4	33	888	532	391	497	231	2,576
Other	83	70	51	327	275	230	266	129	1,432
Other Community	46	426	416	373	162	78	106	53	1,661
Learning Disability	0	15	52	631	286	91	50	17	1,141
Maternity	1,128	—	—	—	—	—	—	—	1,128
DHA & RHA Administration	46	49	41	178	142	117	138	67	777
TOTAL	1,303	1,399	1,171	5,104	4,063	3,350	3,947	1,917	22,253

1. In calculating expenditure by age it has been assumed that all expenditure in Maternity is spent on the baby. No allocation, from the total, have been allocated to the costs incurred by the mother (eg hotel costs, complications etc).
2. DHA & RHA Administration, which include areas such as Health Promotion, have been allocated in proportion to the spend already known within the relevant age groups.
3. Expenditure on those under 65 occurs in the elderly sector; due to the allocation of General Community Patient Care (which includes District Nursing) and chiropody to this sector. Both of these initially provided services aimed at the elderly although their role has now become more widespread across different age groups.

COMPARISONS BETWEEN 1995-96 EXPENDITURE AND 1991-92 EXPENDITURE AT 1995-96 PRICES—AFTER ALLOWING FOR HCHS INFLATION (TABLES 4.1.1A AND 4.1.1C)

### *Total expenditure*

Total expenditure has increased from £22,253 million in 1991-92 to £23,597 million in 1995-96, an increase of £1,326 million (approximately 6 per cent). However, the increases vary significantly, eg for the 0-4 age band £1,399 million in 1991-92 to £1,716 million in 1995-96 (£317 million or 23 per cent) while there is no change for the 75-84 age band.

### *Acute Sector*

Expenditure on this sector has risen by £1,026 million (10 per cent) from £10,594 million in 1991-92 to £11,620 million in 1995-96. Significant rises include a £226 million (28 per cent) increase for the 0-4, £225 million (12 per cent) for 65-74, £166 million (10 per cent) for 75-84 and £183 million (28 per cent for 85 plus. Therefore large increases have been mainly for the young and the elderly who traditionally require a larger proportion (roughly 56 per cent) of Acute expenditure. This reflects the high level of demand pressure arising from emergency care and elective admissions.

Note. The number of elderly people in the population is expected to grow less quickly in the next 10 years than in the previous 10. In the 10 year period to 1995-96 demographic pressure averaged 0.8 per cent per year, but over the next 10 years to 2005-06 is expected to average 0.3 per cent per year.

### *Elderly Sector*

Expenditure on this sector has decreased by £287 million (10 per cent) from £2,945 million in 1991-92 to £2,498 million in 1995-96, with decreases across the age bands of between 7 per cent and 28 per cent. The only age band that did not decrease was the 45-64 which saw no change. Services specifically or mainly for the elderly people include geriatric inpatient and outpatient services, day care, chiropody services and district nursing services. Although expenditure in this sector has fallen, overall expenditure on the elderly (ie those over 65) has risen by 4.4 per cent. (See Acute sector and footnote 3)

### *Mental Health*

Expenditure on this sector has seen a decrease of 3 per cent. However the 16-44 age band increased by £70 million (8 per cent) from £888 million in 1991-92 to £958 million in 1995-96, the 75-84 band decreased by £60 million (12 per cent) from £437 million in 1995-96 to £497 million in 1991-92, and the 85 plus by £49 million (21 per cent) from £231 million in 1991-92 to £182 million in 1995-96.

### *Other*

Expenditure on this sector which includes Family Planning, Immunisation and Surveillance, Screening, Professional Advice and Support, Health Promotion, Community Dental Services, Services to GPs and other Community Health Services, has seen an increase of £396 million (28 per cent) from £1,432 million in 1991-92 to £1,828 in 1995-96.

### *Other community*

Expenditure on this sector has seen an increase of £131 million (8 per cent) from £1,661 million in 1991-92 to £1,792 million in 1995-96.

### *Learning Disability*

Whilst there has been a small increase in total expenditure £17 million (1.5 per cent), this sector has seen some major changes across the age bands. The 0-4 has increased by £27 million (280 per cent) from £15 million in 1991-92 to £42 million in 1995-96, the 5-15 increased by £104 million (300 per cent) from £52 million in 1991-92 to £156 million in 1995-96. However, the elderly sector has seen an average decrease of nearly 44 per cent with expenditure dropping from £158 million in 1991-92 to £89 million in 1995-96 (£69 million).

*Maternity*

(Please see footnote 1).

*DHA and RHA administration*

Expenditure on this sector has seen an increase of £225 million (29 per cent) from £777 million in 1991–92 to £1,002 million in 1995–96. However this will include an unusually large increase in expenditure in 1995–96 due to the restructuring of DHA and RHAs into HAs, DHAs and FHSAs.

**Annex C**

The information requested on expenditure trends on Family Health Services is given in table 4.3.1. Briefing on spending trends in this table has already been supplied.

The NHS elements of table 4.3.1 are on the same basis as Figure 4.20 of the Departmental Report (CM 3912) in that they reflect the areas in which funds are actually spent, rather than those which are initially allocated.

**Table 4.3.1**

**FAMILY HEALTH SERVICES GROSS EXPENDITURE,  
1993–94 TO 1997–98**

	£ million				
	1993–94 Outturn	1994–95 Outturn	1995–96 Outturn	1996–97 Outturn	1997–98 Allocation
Drugs non-cash limited	2,352	2,243	2,210	2,014	1,920
Drugs Cash Limited	628	1,009	1,296	1,794	2,203
<i>Drugs Total</i>	<i>2,980</i>	<i>3,252</i>	<i>3,506</i>	<i>3,808</i>	<i>4,123</i>
General Medical Services non-cash limited	1,840	1,902	1,965	2,073	2,208
General Medical Services cash limited	715	723	754	800	847
<i>Total General Medical Services</i>	<i>2,555</i>	<i>2,625</i>	<i>1,965</i>	<i>2,873</i>	<i>3,055</i>
General Dental Services	1,222	1,279	1,290	1,323	1,336
Dispensing Costs	677	679	706	746	770
General Ophthalmic Services	192	213	223	237	244

1. Figures taken from Table 4.20 Departmental Report, The Government's Expenditure Plans 1998–99.

2. General Medical Services cash limited allocation from 1995–96 includes Out of Hours allocation.

3. Figures rounded to nearest £M.

**Annex D****GPFH SURPLUSES AND EXPENDITURE ON SAVINGS 1995–96 TO 1996–97**

	£ million	
	1995–96	1996–97
Total GPFH Budget	3,470,630	5,165,242
Total Savings	47,629	71,811
Savings spent on Premises	21,878	31,568
Savings spent on HCHS	5,898	6,942
Savings spent on Staff	395	270
Savings spent on Materials and other Equipment	2,337	3,435
Savings spent on HA Returns	0	7,202
Savings spent on "other"	455	5,218
Savings spent on premises as % of total savings	46%	44%

1 Figures taken from Audited Accounts 1995–96 and 1996–97.



## Annex E

Table 5.1 (Supplementary 1)

STANDARD SPENDING ASSESSMENT, 1998–99  
PER CAPITA RESOURCES BASED ON TOTAL POPULATION

	£ per head				
<i>Summary Table</i>	<i>Elderly Residential</i>	<i>Elderly Domiciliary</i>	<i>Children's</i>	<i>Other PSS</i>	<i>Total PSS</i>
Total Inner London	77	41	122	70	311
Total Outer London	57	33	56	41	186
Total London Boroughs	64	36	79	51	230
Total Metropolitan Districts	65	35	41	33	174
Total Shire Counties	52	33	23	25	132
Total Shire Unitaries	54	32	36	30	152
Total Shire Areas	52	33	26	26	138
<b>Total England</b>	<b>57</b>	<b>34</b>	<b>37</b>	<b>31</b>	<b>159</b>

Table 5.1 (Supplementary 1)

STANDARD SPENDING ASSESSMENT, 1998–99  
PER CAPITA RESOURCES BASED ON TOTAL POPULATION

	£ per head				
	<i>Elderly Residential</i>	<i>Elderly Domiciliary</i>	<i>Children's</i>	<i>Other PSS</i>	<i>Total PSS</i>
<b>INNER LONDON</b>					
City of London	114	69	44	75	302
Camden	84	46	123	74	327
Greenwich	79	42	84	51	257
Hackney	85	41	176	82	383
Hammersmith and Fulham	71	39	118	73	301
Islington	88	43	152	76	358
Kensington and Chelsea	59	39	90	73	261
Lambeth	65	36	161	73	335
Lewisham	79	41	120	57	298
Southwark	78	41	133	74	325
Tower Hamlets	91	44	140	85	360
Wandsworth	74	40	80	61	256
Westminster	75	44	92	77	288
<b>Total Inner London</b>	<b>77</b>	<b>41</b>	<b>122</b>	<b>70</b>	<b>311</b>
<b>OUTER LONDON</b>					
Barking and Dagenham	86	43	48	40	218
Barnet	59	34	44	39	176
Bexley	51	32	26	30	139
Brent	55	28	114	56	252
Bromley	51	36	27	30	144
Croydon	46	29	53	38	166
Ealing	56	29	74	50	210
Enfield	61	35	47	38	181
Haringey	60	31	129	60	280
Harrow	59	33	37	36	165
Havering	52	32	24	29	138
Hillingdon	50	30	38	34	153
Hounslow	57	32	64	45	198
Kingston upon Thames	48	32	29	34	143
Merton	54	33	40	40	167
Newham	67	31	128	58	285
Redbridge	62	34	39	36	171
Richmond upon Thames	49	36	27	35	147
Sutton	56	35	31	33	155
Waltham Forest	74	37	76	48	236

	£ per head				
	<i>Elderly Residential</i>	<i>Elderly Domiciliary</i>	<i>Children's</i>	<i>Other PSS</i>	<i>Total PSS</i>
<b>Total Outer London</b>	57	33	56	41	186
<b>Total London Boroughs</b>	64	36	79	51	230
<b>Total England</b>	57	34	37	31	159
<b>METROPOLITAN DISTRICTS</b>					
Bolton	64	33	36	31	164
Bury	57	31	27	28	144
Manchester	76	37	83	44	240
Oldham	60	33	41	34	168
Rochdale	60	32	42	33	168
Salford	80	41	42	36	199
Stockport	54	32	22	26	135
Tameside	66	34	32	31	163
Trafford	57	32	33	28	150
Wigan	64	31	26	29	150
Knowsley	71	30	60	37	198
Liverpool	80	37	57	40	215
St Helens	69	33	28	30	160
Sefton	73	39	32	28	171
Wirral	65	37	37	29	168
Barnsley	69	36	27	28	161
Doncaster	62	32	31	28	153
Rotherham	68	34	27	29	159
Sheffield	77	42	33	34	186
Gateshead	70	40	32	34	175
Newcastle upon Tyne	67	38	43	38	187
North Tyneside	67	41	32	31	171
South Tyneside	73	42	36	33	184
Sunderland	66	35	40	33	175
Birmingham	66	34	67	38	205
Coventry	58	32	42	33	165
Dudley	59	33	23	28	142
Sandwell	78	38	44	35	197
Solihull	43	27	24	25	119
Walsall	68	34	47	32	181
Wolverhampton	69	35	47	35	186
Bradford	56	32	46	34	168
Calderdale	54	34	32	30	149
Kirklees	56	32	36	30	154
Leeds	57	34	35	32	159
Wakefield	63	33	25	29	150
<b>Total Metropolitan Districts</b>	65	35	41	33	174
<b>Total England</b>	57	34	37	31	159
<b>SHIRE COUNTIES</b>					
Bedfordshire	44	27	24	26	121
Buckinghamshire	40	26	21	25	112
Cambridgeshire	44	28	21	24	117
Cheshire	48	30	21	24	124
Cornwall	62	38	24	24	148
Cumbria	59	34	21	25	139
Derbyshire	58	33	20	24	135
Devon	59	39	22	23	143
Dorset	56	40	20	21	137
Durham	66	36	27	28	157
East Sussex	67	49	27	25	168
Essex	52	33	23	26	134
Gloucestershire	49	31	23	24	128
Hampshire	41	29	22	24	115
Hertfordshire	52	32	27	28	138
Kent	55	36	27	27	144
Lancashire	59	33	29	27	148
Leicestershire	42	27	17	22	107

	£ per head				
	<i>Elderly Residential</i>	<i>Elderly Domiciliary</i>	<i>Children's</i>	<i>Other PSS</i>	<i>Total PSS</i>
Lincolnshire	53	35	23	23	134
Norfolk	55	37	23	24	138
North Yorkshire	50	35	20	22	128
Northamptonshire	45	28	26	25	125
Northumberland	55	35	23	26	138
Nottinghamshire	51	31	23	25	130
Oxfordshire	42	27	26	25	121
Shropshire	55	34	19	22	129
Somerset	54	36	23	22	135
Staffordshire	49	28	20	24	120
Suffolk	54	34	23	23	134
Surrey	48	34	20	26	128
Warwickshire	49	29	20	25	124
West Sussex	55	42	23	25	144
Wiltshire	43	29	22	22	117
Worcestershire	49	30	23	24	126
<b>Total Shire Counties</b>	<b>52</b>	<b>33</b>	<b>23</b>	<b>25</b>	<b>132</b>
<b>Total England</b>	<b>57</b>	<b>34</b>	<b>37</b>	<b>31</b>	<b>159</b>

#### SHIRE UNITARY AUTHORITIES

Isles of Scilly	38	34	44	19	135
Isle of Wight	66	46	28	25	165
Bath & North East Somerset	54	35	24	25	138
Bristol	56	33	45	33	167
South Gloucestershire	37	24	17	22	100
North Somerset	57	37	19	22	135
Luton	41	23	48	35	147
Bracknell Forest	38	24	25	29	116
Windsor and Maidenhead	40	28	21	27	117
Reading	42	28	45	34	150
Slough	51	28	57	43	179
Wokingham	27	18	15	21	81
Newbury	35	24	21	23	104
Milton Keynes	36	21	36	30	123
Peterborough	46	27	38	30	141
Halton	54	27	41	31	154
Warrington	51	28	24	27	130
Middlesbrough	55	31	52	35	172
Hartlepool	58	33	37	32	161
Stockton-on-Tees	46	28	34	30	138
Redcar and Cleveland	55	33	37	29	154
Derby	56	32	42	31	162
Plymouth	54	32	43	31	160
Torbay	85	50	33	26	195
Bournemouth	81	50	37	29	196
Poole	58	37	22	24	140
Darlington	57	36	31	29	153
Brighton & Hove	70	45	44	39	197
Southend-on-Sea	66	42	32	31	171
Thurrock	49	28	31	31	140
Portsmouth	58	36	43	36	173
Southampton	55	34	47	37	173
Herefordshire	52	34	24	23	132
Medway Towns	41	25	29	29	123
East Riding of Yorkshire	51	33	17	22	123
North East Lincolnshire	56	33	34	28	150
North Lincolnshire	53	32	24	25	133
Kingston upon Hull	72	39	44	35	190
Blackpool	79	41	37	31	189
Blackburn	59	31	49	35	174
Leicester	59	33	63	39	194
Rutland	35	25	16	20	96



	£ per head				
	<i>Elderly Residential</i>	<i>Elderly Domiciliary</i>	<i>Children's</i>	<i>Other PSS</i>	<i>Total PSS</i>
York	47	32	23	27	129
Nottingham	62	35	59	38	194
The Wrekin	49	26	34	28	137
Stoke-on-Trent	68	35	29	31	162
Swindon	42	26	27	27	122
<b>Total Shire Unitaries</b>	54	32	36	30	152
<b>Total Shire Areas</b>	52	33	26	26	138
<b>Total England</b>	57	34	37	31	159

Table 5.1.3 (Supplementary 2)

COMPARISON OF 1997-98 PSS SSA WITH ADJUSTED 1998-99 PSS SSA<sub>(1)</sub>

	£million and percentage		
<i>Summary Table</i>	<i>1997-98</i>	<i>1998-99</i>	<i>% Difference</i>
Total Inner London	754.851	744.622	-1.4
Total Outer London	794.220	823.937	3.7
Total London Boroughs	1,549.071	1,568.559	1.3
Total Metropolitan Districts	1,812.001	1,858.740	2.6
Total Shire Counties <sub>(2)</sub>	3,277.661	2,855.111	n/a
Total Shire Unitaries <sub>(3)</sub>	753.385	1,200.940	n/a
Total Shire Areas	4,031.046	4,056.052	0.6
<b>Total England</b>	<b>7,392.117</b>	<b>7,483.351</b>	<b>1.2</b>
<b>INNER LONDON</b>			
City of London	1.561	1.491	-4.5
Camden	61.539	59.684	-3.0
Greenwich	53.365	52.423	-1.8
Hackney	75.700	72.130	-4.7
Hammersmith and Fulham	46.983	45.684	-2.8
Islington	61.641	60.998	-1.0
Kensington and Chelsea	40.373	40.122	-0.6
Lambeth	86.801	86.328	-0.5
Lewisham	69.408	69.489	0.1
Southwark	73.657	72.433	-1.7
Tower Hamlets	59.032	61.415	4.0
Wandsworth	66.987	65.634	-2.0
Westminster	57.804	56.791	-1.8
<b>Total Inner London</b>	<b>754.851</b>	<b>744.622</b>	<b>-1.4</b>
<b>OUTER LONDON</b>			
Barking and Dagenham	30.899	31.953	3.4
Barnet	51.638	53.987	4.5
Bexley	27.410	29.159	6.4
Brent	57.553	60.540	5.2
Bromley	39.743	40.585	2.1
Croydon	51.948	53.456	2.9
Ealing	57.287	60.098	4.9
Enfield	43.305	45.516	5.1
Haringey	58.229	58.778	0.9
Harrow	30.748	33.203	8.0
Havering	28.742	30.323	5.5
Hillingdon	35.322	36.372	3.0
Hounslow	38.979	39.190	0.5
Kingston upon Thames	19.135	19.418	1.5
Merton	28.333	29.186	3.0
Newham	60.752	63.146	3.9
Redbridge	35.115	37.779	7.6
Richmond upon Thames	25.255	25.316	0.2
Sutton	25.415	26.011	2.3
Waltham Forest	48.411	49.920	3.1

	£million and percentage		
	1997-98	1998-99	% Difference
<b>Total Outer London</b>	794.220	823.937	3.7
<b>Total London Boroughs</b>	1,549.071	1,568.559	1.3
<b>Total England</b>	7,392.117	7,483.351	1.2
<b>METROPOLITAN DISTRICTS</b>			
Bolton	40.229	41.509	3.2
Bury	24.157	24.978	3.4
Manchester	97.719	99.479	1.8
Oldham	34.744	35.425	2.0
Rochdale	32.480	33.309	2.6
Salford	43.219	43.566	0.8
Stockport	34.842	37.328	7.1
Tameside	33.526	34.393	2.6
Trafford	30.056	31.331	4.2
Wigan	42.069	44.171	5.0
Knowsley	25.670	29.277	14.1
Liverpool	88.990	96.141	8.0
St. Helens	25.361	27.262	7.5
Sefton	43.411	47.330	9.0
Wirral	50.170	52.973	5.6
Barnsley	36.429	34.814	-4.4
Doncaster	42.686	42.650	-0.1
Rotherham	38.936	38.753	-0.5
Sheffield	95.829	94.076	-1.8
Gateshead	34.634	33.641	-2.9
Newcastle upon Tyne	51.633	50.481	-2.2
North Tyneside	32.743	31.559	-3.6
South Tyneside	28.062	27.480	-2.1
Sunderland	49.391	49.160	-0.5
Birmingham	191.972	201.290	4.9
Coventry	43.305	48.458	11.9
Dudley	40.206	42.204	5.0
Sandwell	52.882	54.856	3.7
Solihull	22.140	23.290	5.2
Walsall	43.629	45.493	4.3
Wolverhampton	40.783	43.517	6.7
Bradford	75.447	77.950	3.3
Calderdale	28.077	27.508	-2.0
Kirklees	56.626	57.493	1.5
Leeds	114.303	110.304	-3.5
Wakefield	45.645	45.291	-0.8
<b>Total Metropolitan Districts</b>	1,812.001	1,858.740	2.6
<b>Total England</b>	7,392.117	7,483.351	1.2
<b>SHIRE COUNTIES<sup>(2)</sup></b>			
Bedfordshire	42.201	42.464	0.6
Berkshire <sup>(4)</sup>	91.439		n/a
Buckinghamshire	50.856	50.791	-0.1
Cambridgeshire <sup>(4)</sup>	82.510	60.867	n/a
Cheshire <sup>(4)</sup>	117.590	78.872	n/a
Cornwall	66.035	67.957	2.9
Cumbria	62.999	65.007	3.2
Derbyshire	93.704	93.809	0.1
Devon <sup>(4)</sup>	150.872	92.989	n/a
Dorset	49.460	49.722	0.5
Durham	79.015	75.645	-4.3
East Sussex	76.306	77.539	1.6
Essex <sup>(4)</sup>	206.992	164.454	n/a
Gloucestershire	66.678	67.729	1.6
Hampshire	137.052	134.053	-2.2
Hereford and Worcester <sup>(4)</sup>	84.392		n/a
Hertfordshire	134.650	134.322	-0.2
Kent <sup>(4)</sup>	208.470	181.235	n/a
Lancashire <sup>(4)</sup>	200.097	160.204	n/a

	£million and percentage		
	1997-98	1998-99	% Difference
Leicestershire	59.501	61.245	2.9
Lincolnshire	80.602	78.551	-2.5
Norfolk	105.747	102.517	-3.1
Northamptonshire	71.409	72.177	1.1
Northumberland	43.653	40.599	-7.0
North Yorkshire	70.297	68.275	-2.9
Nottinghamshire <sup>(4)</sup>	146.546	92.486	n/a
Oxfordshire	70.860	69.810	-1.5
Shropshire <sup>(4)</sup>	52.074	34.066	n/a
Somerset	62.493	62.251	-0.4
Staffordshire	91.191	92.044	0.9
Suffolk	83.259	84.238	1.2
Surrey	130.363	127.958	-1.8
Warwickshire	57.743	59.009	2.2
West Sussex	102.060	101.620	-0.4
Wiltshire	48.547	46.762	-3.7
Worcestershire <sup>(5)</sup>		63.843	
<b>Total Shire Counties</b>	<b>3,277.661</b>	<b>2,855.111</b>	<b>n/a</b>
<b>SHIRE UNITARY AUTHORITIES</b>			
Isles of Scilly	0.282	0.249	-11.6
Isle of Wight	18.798	19.778	5.2
Bath & North East Somerset	21.229	21.702	2.2
Bristol	63.766	64.235	0.7
South Gloucestershire	21.661	22.487	3.8
North Somerset	23.346	23.858	2.2
Luton	23.984	25.802	7.6
Bracknell Forest <sup>(6)</sup>		12.216	
Windsor and Maidenhead <sup>(6)</sup>		15.836	
Reading <sup>(6)</sup>		20.613	
Slough <sup>(6)</sup>		19.065	
Wokingham <sup>(6)</sup>		11.082	
Newbury <sup>(6)</sup>		14.266	
Milton Keynes	22.638	23.378	3.3
Peterborough <sup>(6)</sup>		21.392	
Halton <sup>(6)</sup>		18.127	
Warrington <sup>(6)</sup>		23.419	
Middlesbrough	24.171	24.329	0.7
Hartlepool	14.219	14.216	-0.0
Stockton-on-Tees	23.313	23.717	1.7
Redcar and Cleveland	21.095	20.612	-2.3
Derby	35.075	36.254	3.4
Plymouth <sup>(6)</sup>		39.192	
Torbay <sup>(6)</sup>		22.912	
Bournemouth	29.672	30.094	1.4
Poole	17.612	18.544	5.3
Darlington	14.800	14.824	0.2
Brighton and Hove	47.223	47.177	-0.1
Southend-on-Sea <sup>(6)</sup>		28.187	
Thurrock <sup>(6)</sup>		17.752	
Portsmouth	31.254	31.628	1.2
Southampton	35.513	35.689	0.5
Herefordshire <sup>(6)</sup>		20.815	
Medway Towns <sup>(6)</sup>		28.290	
East Riding of Yorkshire	35.546	36.127	1.6
North East Lincolnshire	21.940	22.815	4.0
North Lincolnshire	19.306	19.462	0.8
Kingston upon Hull	49.478	48.510	-2.0
Blackpool <sup>(6)</sup>		27.513	
Blackburn <sup>(6)</sup>		23.277	
Leicester	54.311	55.167	1.6
Rutland	3.377	3.235	-4.2
York	21.562	21.510	-0.2
Nottingham <sup>(6)</sup>		52.989	
The Wrekin <sup>(6)</sup>		18.873	



	£million and percentage		
	1997-98	1998-99	% Difference
Stoke-on-Trent	38.102	39.265	3.1
Swindon	20.113	20.465	1.7
<b>Total Shire Unitaries</b>	<b>753.385</b>	<b>1,200.940</b>	<b>n/a</b>
<b>Total Shire Areas</b>	<b>4,031.046</b>	<b>4,056.052</b>	<b>0.6</b>
<b>Total England</b>	<b>7,392.117</b>	<b>7,483.351</b>	<b>1.2</b>

*Footnotes*

1. The figures for 1998-99 quoted in the table are 1998-99 PSS SSA, less the £325 million paid as a Special Transitional Grant in 1997-98, and also exclude the £6.3 million paid as a Guardian ad Litem and Reporting Officers grant in 1997-98.
2. Some Shire Counties were reorganised on 1 April 1998, therefore figures for the two years are not comparable.
3. A number of new authorities were created on 1 April therefore figures for the two years are not comparable.
4. These Shire Counties were reorganised on 1 April 1998. Figures for the two years are not comparable.
5. Worcestershire came into being on 1 April 1998, previously Worcestershire was served by Hereford and Worcester County Council.
6. These Shire Unitary Authorities came into existence on 1 April 1998.

**Annex F**

Gross weekly expenditure on residential care in staffed homes for adults with learning disabilities, physical disabilities and mental health problems are shown in the table below.

**Table 5.3a**

**UNIT COSTS (£'s) OF SELECTED PERSONAL SOCIAL SERVICES  
ENGLAND, 1992-93 TO 1996-97**

		£				
<i>Unit Cost</i>		1992-93	1993-94	1994-95	1995-96	1996-97
Gross expenditure per week on residential care in staffed homes for physically disabled people per supported resident <sup>(2)</sup>	Cash Terms	..	..	325	350	395
	Real Terms <sup>(1)</sup>	..	..	334	350	384
Gross expenditure per week on residential care in staffed homes for learning disabled people per supported resident <sup>(2)</sup>	Cash Terms	242	300	362	372	406
	Real Terms <sup>(1)</sup>	260	313	372	372	394
Gross expenditure per week on residential care in staffed homes for mentally ill adults per supported resident <sup>(2)</sup>	Cash Terms	..	..	237	209	217
	Real Terms <sup>(1)</sup>	..	..	244	209	211

key .. = not available

*Footnotes*

1. Deflated using the GDP deflator at 1995-96 prices.
2. These unit costs have been calculated by taking gross current expenditure throughout the year on residential care and dividing it by the average of supported residents in such homes reported at 31 March in consecutive years. The resulting estimates of average cost need to be treated with caution since some local authorities do not necessarily classify expenditure data in the same way as activity data. A supported resident is one who is supported wholly or in part by the local authority. Residents in local authority homes who are assessed to pay the full costs and residents in other homes whose fees are paid in part or through income support are not included.

Regional Level Data  
TABLE 5.3B: UNIT COSTS (£'s) OF SELECTED PERSONAL SOCIAL SERVICES BY REGION IN ENGLAND, 1995-96

	North West	North East	Mersey- side	Yorkshire & the Humber	East Midlands	West Midlands	South West	Eastern	London	South East
Gross expenditure per week on supporting resi- dents aged 65 and over in nursing care <sup>(1)</sup>	155	250	174	238	315	233	188	326	298	250
Gross expenditure per week on supporting resi- dents aged 65 and over in local authority staffed residential care homes <sup>(1)</sup>	330	276	286	300	250	301	298	284	395	292
Gross expenditure per week on supporting resi- dents aged 65 and over in independent residen- tial care homes <sup>(1)</sup>	95	233	346	167	227	261	194	242	285	272
Gross expenditure per hour of home help/care for all clients aged 18 or over <sup>(2)</sup>	6.1	6.5	..	..	..	..	7.5	8.1	..	..
Gross expenditure per week per child looked after in local authority maintained children's homes <sup>(3)</sup>	1,017	945	1,527	957	1,138	..	1,358	1,913	..	..
Gross expenditure per week per child looked after by foster parents <sup>(3)</sup>	128	130	156	130	95	..	129	171	..	..
Gross expenditure per week on residential care in staffed homes for physically disabled people per supported resident <sup>(1)</sup>	350	365	247	277	218	302	296	427	505	341
Gross expenditure per week on residential care in staffed homes for learning disabled people per supported resident <sup>(1)</sup>	306	411	335	339	345	319	327	429	412	363
Gross expenditure per week on residential care in staffed homes for mentally ill adults per sup- ported resident <sup>(1)</sup>	283	262	202	154	258	195	153	226	271	129

key .. = not available

Footnotes

1. These unit costs have been calculated by taking gross current expenditure throughout the year on residential and nursing care as appropriate and dividing it by the average of supported residents in such homes reported at 31 March in consecutive years. A supported resident is one who is supported wholly or in part by the local authority. Residents in local authority homes who are assessed to pay the full costs and residents in other homes whose fees are paid in part or through income support are not included.
2. This unit cost is calculated by taking gross current expenditure throughout the year on home care services and dividing it by activity data collected during a sample week in the Autumn.
3. These indicators have been calculated by taking gross current expenditure throughout the year on LA maintained children's homes and foster placements and dividing by the average number of children looked after placed in LA maintained children's homes and foster placements respectively at 31 March in consecutive years.

Chart 5.8.1

Annex G

**PSS Gross Expenditure, 1995-96 and 1996-97  
by provision of service**

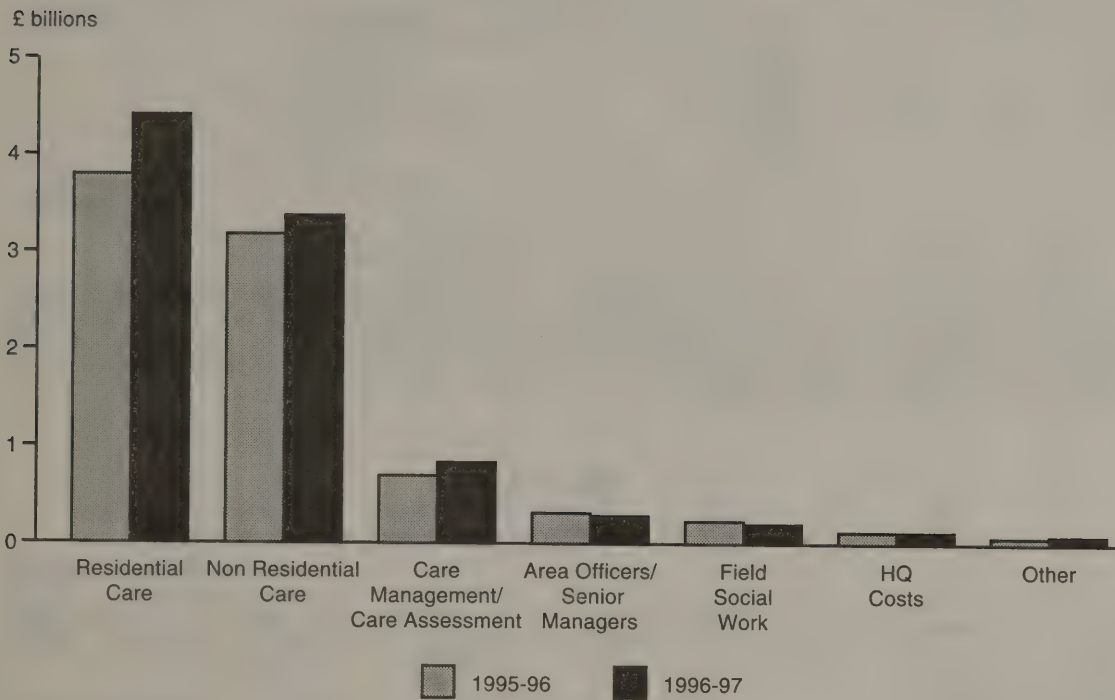


Chart 5.8.2

**PSS Gross Expenditure, 1995-96 and 1996-97  
by client group**





## Annex H

Table 2.5.1

## PAYMENTS TO VOLUNTARY ORGANISATIONS, 1993-94 TO 1997-98

	£million
1993-94	49.7
1994-95	52.7
1995-96	55.3
1996-97	63.0
1997-98	60.5

## Footnotes

1. These funds exclude amounts paid through other organisations (including the NHS).

2. The figures shown in Table 2.5.1 do not match those quoted in Annex H and Figure 3.1 of the Departmental Report (Cm 3912). This is because Annex H and Figure 3.1 show the initial allocation for voluntary organisations which was identified for Budget Estimate purposes. The figures provided in Table 2.5.1 allow for in-year additions, and reflect the estimated outturn for 1997-98. Certain elements of funding which were originally allocated at Budget Estimate for work on health promotion and social care issues have been paid to voluntary organisations.

Table 2.5.2

## ALLOCATIONS TO VOLUNTARY ORGANISATIONS, 1993-94 TO 1997-98

	£million (cash)				
	1993-94	1994-95	1995-96	1996-97	1997-98
<b>VOTE 1</b>					
Hospital Chaplains	0.154	0.158	0.162	0.163	0.162
NHS Retirement Fellowship	0.061	0.031	0.032	0.030	0.027
NHS Pensioners Trust			0.005	0.025	0.025
Kings Fund	0.639	0.665	0.697	0.687	0.618
<b>VOTE 2</b>					
Family Support	0.500	0.500			
Out of School	0.500	0.500			
Child Care Circles	0.100	0.200			
Parenting		0.100	0.200		
Refocusing Initiative				0.800	0.300
Ethnic minority health issues	0.423	0.410	0.304	0.305	0.280
Contraceptive Education Series				1.056	0.994
Coronary Heart Disease				0.161	0.161
Training Medical Staff	0.036	0.012	0.031	0.008	0.004
Haemophiliacs with HIV			2.500		3.000
British Healthcare Working Group		0.005	0.005	0.004	0.005
Thalidomide Trust				7.000	
Training for Learning Disability Care	0.236	0.150	0.150	0.150	0.150
Opps for Vol	7.556	7.858	8.952	9.101	9.101
Community Care	0.247	0.120	0.058	0.004	0.012
Family Fund	13.018	17.183	17.955	16.885	18.196
British Council for Disabled People	0.008	0.008	0.008	0.008	0.008
Royal Association for Disability and Rehabilitation	0.023	0.024	0.024	0.024	0.024
UK Disability Database	0.170	0.174	0.148	0.125	0.099
Social work training	1.243	1.295	1.230	1.229	1.312
Domestic Violence	0.049	0.049	0.049	0.049	0.049
Drinkline and Alcohol Concern	2.030	1.176	0.763	1.263	1.313
Services for Addicts	0.162	0.152	0.161	0.170	0.043
AIDS Helpline	2.100	2.100	1.569	1.569	1.569
Targetted HIV Prevention				0.800	1.100
World AIDS Day				0.071	0.071
Funding for African Communities					0.140
Section 64 Grants	20.437	19.863	20.262	21.317	21.785
<b>TOTAL</b>	<b>49.692</b>	<b>52.733</b>	<b>55.266</b>	<b>63.003</b>	<b>60.548</b>

## Annex I

**Table 4.13.1 Average daily number of available and occupied beds<sup>(1)</sup> and throughput<sup>(2)</sup>, by sector; NHS Trusts in England**

Bed days—thousands								
<i>Year only</i>	<i>All specialities (6)</i>	<i>Acute</i>	<i>Geriatric</i>	<i>General and acute (3)</i>	<i>Mental illness</i>	<i>Learning disability (6)</i>	<i>Maternity</i>	<i>Day Only</i>
(4)								
<b>Number of beds<sup>(1)</sup></b>								
1986	316	133	55	188	72	39	16	2
2								
1992–93	232	113	40	153	47	19	13	4
4								
1993–94	219	110	37	147	44	16	13	5
5								
1994–95	212	108	37	145	42	13	12	6
6								
1995–96	206	108	34	143	39	13	11	7
7								
1996–97 <sup>(6)</sup>	199	109	32	140	38	10	11	8
7								
<b>Average annual change (%)</b>								
1986 to 1996–97	–4.5	–2.0	–5.3	–2.9	–6.3	–13.2	–3.8	11.6
11.6								
1995–96 to 1996–97	–3.6	0.3	–7.3	–1.5	–4.7	–24.2	–3.1	2.6
2.6								
<b>Occupied beds<sup>(5)</sup></b>								
1996–97	161	86	28	113	33	8	7	5
5								
<b>Occupancy (%)</b>								
1996–97	81.2	78.9	86.9	80.7	86.9	86.5	62.9	81.7
81.7								
<b>Throughput<sup>(2)</sup></b>								
1986	20.8	37.9	7.1	28.9	2.9	1.3	54.1	
1992–93	31.1	48.5	13.1	39.2	4.9	2.9	71.6	
1993–94	33.7	50.8	14.8	41.6	5.4	3.3	77.5	
1994–95	35.3	52.4	14.9	42.9	5.7	3.9	81.4	
1995–96	37.2	53.4	16.2	44.5	6.1	4.1	92.1	
1996–97	39.2	53.8	17.1	45.5	6.3	5.8	100.6	
<b>Average annual change (%)</b>								
1986 to 1996–97	6.5	3.6	9.1	4.6	8.0	15.9	6.4	
1995–96 to 1996–97	5.3	0.7	5.7	2.3	4.5	41.6	9.3	

Sources: SH3 1986

KH03 and KP70 1992–93 onwards

## Footnotes

1. Annual total number of bed days available divided by the number of days in the year. Figures for 1996–97 exclude beds in paediatric intensive care wards, as these were not counted in previous years.

2. Number of finished consultant episodes for ordinary admissions per available bed. Figures exclude well babies, because the beds data exclude neonatal cots.

3. General and acute is defined as acute plus geriatric (excluding well babies for ordinary admissions).

4. 1986 figures for Day only beds are the number of beds in day case units only.

5. 1996–97 is the first year for the collection of Bed Occupancy figures.

6. A revised return in 1996–97 included a count of NHS managed beds in residential care. Several Trusts reclassified beds previously counted as learning disability beds in hospital, and counted them as residential.









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